# ELITE LIVING SERVICES

## Employment Application for Caregiver / Home Services Worker

*Thank you for your interest in joining our team. Please complete all sections of this application accurately and legibly. We are an equal opportunity employer.*

### 1. Personal Information

**Full Name:** _____

**Address:** _____

**City, State, Zip:** _____ **Phone:** _____

**Email Address:** _____

### 2. Position & Availability

**Date Available to Start:** _____ **Desired Position:** ☐ Full-Time ☐ Part-Time ☐ PRN

**Are you legally authorized to work in the United States?** ☐ Yes ☐ No

**Do you have a valid Driver's License?** ☐ Yes ☐ No

**Do you have reliable transportation and current auto insurance?** ☐ Yes ☐ No

**Please indicate the hours you are available to work each day:**

| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|---|---|---|---|---|---|---|
| | | | | | | |

**Are you open to working Overnight Shifts?** ☐ Yes ☐ No

## 3. Education & Certifications

**High School / GED Attended:** _____ **Graduated?** ☐ Yes ☐ No

**College / Trade School:** _____ **Degree/ Field:** _____

**Current CPR Certification?** ☐ Yes ☐ No **Expiration Date:** _____

**Current First Aid Certification?** ☐ Yes ☐ No **Expiration Date:** _____

**List any other relevant training or credentials (e.g., CNA, Dementia Care, HHA):**

_____

## 4. Employment History (Two Most Recent Employers)

### Employer 1 (Most Recent)

**Company Name:** _____ **Job Title:** _____

**Dates (From - To):** _____ **Supervisor/ Phone:** _____

**Reason for Leaving:** _____

**Duties Summary:** _____

### Employer 2

**Company Name:** _____ **Job Title:** _____

**Dates (From - To):** _____ **Supervisor/ Phone:** _____

**Reason for Leaving:** _____

**Duties Summary:** _____

## 5. Professional References (Non-Family Members)

**Reference 1:** **Name:** _____ **Relation:** _____ **Phone:** _____

**Reference 2:** **Name:** _____ **Relation:** _____ **Phone:** _____

## 6. Background & Compliance Acknowledgement

Because Elite Living Services provides high-quality, non-medical hands-on personal support, companionship, and household safety management inside our clients' homes, we maintain rigorous screening standards in accordance with state regulatory compliance.

**Are you willing to undergo a fingerprint-based criminal background check?** ☐ Yes ☐ No

**Are you willing to undergo a pre-employment drug screening?** ☐ Yes ☐ No

**Are you willing to provide proof of a recent negative TB (Tuberculosis) test or screening?** ☐ Yes ☐ No

## 7. Applicant Signature and Authorization

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that any false statements, omissions, or misrepresentations on this application are grounds for rejection or immediate termination if employed.

I authorize Elite Living Services to verify all statements contained in this application, contact my listed references, verify past employment records, and conduct all necessary state-mandated background checks required for home service worker placement.

**Applicant Signature:** _____ **Date:** _____