



# REVEREND AIDE HOMECARE

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Date Received: \_\_\_\_\_

## CAREGIVER APPLICATION

Welcome! When you return your completed application, please bring the items listed on the cover letter with you. Caregiver applicants are required to undergo a criminal background check\*. ALL INFORMATION WILL REMAIN CONFIDENTIAL. We are an equal opportunity employer.

◆ PLEASE PRINT ◆

### PERSONAL AND GENERAL INFORMATION

Name: \_\_\_\_\_ Social Security: \_\_\_\_\_  
*Last Name First Name M.I*

Address \_\_\_\_\_  
*Number/Street City State Zip code*

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Language(s): \_\_\_\_\_

Are you 18 years of age or older:  Yes  No Placement you are seeking:  Full Time  Part Time  Relief

Hours preferred per week: \_\_\_\_\_ Certifications/Licenses\*:  Certified Caregiver  CNA  NAR  Other: \_\_\_\_\_  
*\*Please include copy of any license(s) with your application*

Has your license ever been limited, suspended, or revoked?  No  Yes – please explain: \_\_\_\_\_

Are you prevented from lawfully becoming employed in this country because of visa or immigration status\*?  No  Yes  
*\*Proof of citizenship or immigration status will be required upon acceptance of application*

Have you ever applied here before?  No  Yes – please give date(s) \_\_\_\_\_

Do you have family members or friends employed at Elder Options?  No  Yes – please list names: \_\_\_\_\_

### PERSONAL REFERENCES

A minimum of three (3) references, including complete mail addresses, is required. **Do NOT use family members or past supervisors.**

NAME	ADDRESS - City, State, Zip	RELATIONSHIP	TELEPHONE

### TRANSPORTATION

Some clients require transportation. Do you have a current Driver?  Yes  No Proof of auto insurance?  Yes  No

### EMERGENCY CONTACT INFORMATION

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Alternate Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**EDUCATION**

SCHOOL	NAME & ADDRESS OF SCHOOL	COURSE OF STUDY	YEARS COMPLETED	YEAR GRADUATED
High School				
Undergraduate / College				
Graduate / Professional				
Other – Specify				

**MEDICAL**

Due to the fact we match client needs with caregiver abilities, please list any physical or mental limitations and/or impairments that would have a direct effect on providing care to clients. For example: cannot lift more than 10 pounds due to back. On medication and cannot drive while taking it.

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**WORK HISTORY ► List present or most recent job first. Please fill in ALL areas requested.**

Employer: 1	From:	To:	Wage: \$
Address:	Job Title:		
City/State/Zip:	Job Duties:		
Phone:	Supervisor:	Reason for Leaving:	
Employer: 2	From:	To:	Wage: \$
Address:	Job Title:		
City/State/Zip:	Job Duties:		
Phone:	Supervisor:	Reason for Leaving:	
Employer: 3	From:	To:	Wage: \$
Address:	Job Title:		
City/State/Zip:	Job Duties:		
Phone:	Supervisor:	Reason for Leaving:	

Caregiving requires a high degree of dependability. Describe why you feel you are dependable. Give Examples.

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**AVAILABILITY** Indicate (1) for first choice, (2) second choice; up to (5) in order of preferred shifts:

<input type="checkbox"/> Days	<input type="checkbox"/> Evenings (specify time; example: after 6 p.m.)	<input type="checkbox"/> On-Call
<input type="checkbox"/> 12-Hour Daytime Shift	Available Time – After: _____ p.m.	<input type="checkbox"/> Holidays
<input type="checkbox"/> 12-Hour Sleep Night Shift	<input type="checkbox"/> Awake Night Shift	<input type="checkbox"/> 24-Hrs Shift

**TELL US ABOUT YOU**

Please tell us about any caregiving experience you have that is not included in your work history. Also include how long you performed those tasks. (Example: Caregiving for parents or volunteer work.)

**DISCLOSURE STATEMENT**

Applicants, employees, and registrants of this organization are subject to state laws that protect the clients we work with vulnerable adults and the elderly. You are required to sign this statement as part of our screening process, and annually thereafter as a requirement of employment

1. If your record shows that you have been convicted (in any state) of a crime that is equivalent to a crime on the list above or a crime that has been renamed, you may be disqualified or terminated.
2. If a court, state department, disciplinary board, or dependency action has found that you have abuse, neglected, exploited, or sexually abused any minor or vulnerable adult, you are automatically disqualified from employment and/or placement through this organization.
3. If your record shows that you have been convicted of other crimes related to care of vulnerable adults or children, you may be disqualified from employment and/or placement through this organization.

Have you ever been arrested or convicted of any of the crimes in the past?  No  Yes – Please describe: \_\_\_\_\_

\_\_\_\_\_  
Employee signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor signature

\_\_\_\_\_  
Date