

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

DATE OF APPLICATION: _____

Name: _____

_____ Last _____ F first _____ M iddle

Address: _____

_____ Street _____ (Ap) _____ Ci ty/State _____ Zip _____

Alternate Address: _____

_____ Street _____ Ci ty/State _____ Zip _____

Contact Information: _____

_____ Home Telephone _____ Mobile Telephone _____ E mail _____

How did you learn about our company? _____

POSITION SOUGHT: _____

Available Start Date: _____

Desired Pay Range: _____

Hourly or Salary _____

Are you currently employed? _____

EDUCATION

Name and Location _____ Graduate? - Degree? _____ Major / Subjects of Study _____

High School	College or University	Specialized Training, Trade School, etc...	Other Education

Please list your areas of highest proficiency, special skills or other items that may contribute to your abilities in performing the above mentioned position.

PREVIOUS EXPERIENCE

Please list beginning from most recent

Job notes, tasks performed and reason for leaving:

Dates Employed	Company Name	Location	Role/Title

Job notes, tasks performed and reason for leaving:

Dates Employed	Company Name	Location	Role/Title

Job notes, tasks performed and reason for leaving:

Dates Employed	Company Name	Location	Role/Title

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Job Description
Tender Touch Care Giving Service

WHAT IS AN ELDER CAREGIVER?

Senior Care Job Description/Elder Care Job Description - Elder Caregivers are responsible for providing companionship, care, and support to the elderly. Their responsibilities typically include preparing and presenting meals, providing physical and hygiene support (the extent of this support depends on the requirements of the position), as well as pleasant companionship. The area in which the client consume must stay maintained by the caregiver. The clients clothes must be cleaned and also the dishes and trash that is used by the client must also be sanitized. One is expected to be knowledgeable of the clients needs so they can make wise decisions. The client may be on daily meds the caregiver is responsible for making sure the client take medication in a timely manner. If there is a situation that may arise that one cannot determine what is best, contact your supervisor and you will be instructed on what to do therefore and after. On occasion the client may have a doctor's appointment and the caregiver that is on duty will be responsible for taking the client to their designated appointment. The caregiver is responsible for logging the clients daily activities and giving a full report to the staff that will be relieving them. One should handle themselves in a professional manner at all times.

Dress Code

Uniforms are not required, but if the caregiver feel comfortable in a uniform please feel free to wear them. **TANK TOPS, SHORTS ABOVE THE KNEE and EXCESSIVE TIGHT CLOTHING IS NOT ALLOWED!** Please take care of your appearance. Thank You!

Signature

Date:

TENDER TOUCH CARE GIVING SERVICE

tny_ticks@yahoo.com

318-737-6764

TAX PURPOSES ONLY

ONLY if the family of our client gives us a w-2, I will then issue you a 1099 at the end of the tax year. This rarely happens, but sometimes it will. I will use your information for this purpose only, and it is stored in a safe place where I only have access to it. Thank You

Complete Name _____

Date of Birth _____

Social Security Number _____

TENDER TOUCH CARE GIVING SERVICE

LaTonya Jackson

318-737-6764

ltny.jackson@yahoo.com

Accident Waiver and Release of Liability Form

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities of persons released, for disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this assignment.

(B) I DEMINIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entity or person mention in this paragraph (LaTonya Jackson) doing business as Tender Touch Care Giving Service, from any and all liabilities or claims made as a result of participation in this assignment, whether caused by negligence of release or otherwise. I hereby consent to abide by the terms of this agreement. I will at all times conduct myself in a professional manner. If at any time I am found in violation of this, I will assume full responsibilities for my actions.

(C) I AM HIRED BY TENDER TOUCH CARE GIVING SERVICE AND KNOW THAT IF FOR ANY REASONS TERMINATION ON MY PART OR THE COMPANY'S PART, I WILL HAVE NO AFFILIATION WITH THE CLIENT OR ANY CLIENT WHOM SERVICE WAS RENDERED THROUGH TENDER TOUCH CARE GIVING SERVICE FROM ONE YEAR OF MY TERMINATION.

I certify that I have read this document, and fully understand its content. I am aware that this is a release of liability and a contract. I am signing this contract at my own free will.

Print Name

Date

Signature