

# Mellanie'Rose Home Care LLC

## Employment Application

### ■ Position Applying For:

- Companion Caregiver
- Homemaker
- Personal Care Aide
- Live-In Caregiver
- Other: \_\_\_\_\_

### ■ Applicant Information

Full Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Address: \_\_\_\_\_

### ■ Availability

Days Available: ■ M ■ T ■ W ■ T ■ F ■ S ■ S  
Preferred Shift: ■ Morning ■ Afternoon ■ Evening ■ Overnight  
Can you work holidays? ■ Yes ■ No  
Desired Start Date: \_\_\_\_\_

### ■ Employment Eligibility

Are you legally eligible to work in the U.S.? ■ Yes ■ No  
Do you have a valid driver's license? ■ Yes ■ No  
Do you have reliable transportation? ■ Yes ■ No  
Have you ever been convicted of a felony? ■ Yes ■ No If yes, explain: \_\_\_\_\_

### ■ Certifications & Training (Check all that apply)

- CPR/First Aid
- CNA License
- HHA Certificate
- Dementia/Alzheimer's Training
- Medication Administration
- Other: \_\_\_\_\_

### ■ Education History

School Name: \_\_\_\_\_  
Location: \_\_\_\_\_  
Years Attended: \_\_\_\_\_  
Diploma/Degree: \_\_\_\_\_

### ■ Employment History (Last 3 Jobs)

1. Employer Name: \_\_\_\_\_  
Position: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_
2. Employer Name: \_\_\_\_\_  
Position: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_
3. Employer Name: \_\_\_\_\_  
Position: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

### ■ References (No family members please)