

CDS ATTENDANT APPLICATION

**ALL INFORMATION MUST BE COMPLETED
PLEASE PRINT CLEARLY**

Applicant Name: _____ SS#: _____ - _____ - _____
(first) (middle initial) (last)

Physical Address: _____
(street) (city) (state) (Zip)

Mailing Address: _____
(street) (city) (state) (Zip)

Please list any other Social Security Numbers and/or Aliases Used: _____

Phone number: Home (____)____-____ Mobile (____)____-____

Are you able to lift at least 50 lbs? _____

Do you have any criminal convictions, findings of guilt, pleas of guilty, and/or pleas of nolo contendere except minor traffic offenses? YES or NO
If yes, explain: _____

How did you learn about this position? _____

Do you prefer working with males or females? _____

List day/hours of weekly availability:

Sunday	_____
Monday	_____
Tuesday	_____
Wednes	_____
Thursday	_____
Friday	_____
Saturday	_____

Are you available and/or willing to come in with short notice or be on-call? YES or NO

The following are tasks that are required for some positions. Please check the following duties you are willing to perform:

- | | |
|--|--|
| <input type="checkbox"/> Bladder Care | <input type="checkbox"/> Meal Consumption |
| <input type="checkbox"/> Equipment Maintenance | <input type="checkbox"/> Meal Clean-Up |
| <input type="checkbox"/> Household Management | <input type="checkbox"/> Meal Preparation |
| <input type="checkbox"/> Transfers | <input type="checkbox"/> ROM Exercises |
| <input type="checkbox"/> Bathing/Showering | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Bowel Care | <input type="checkbox"/> Undressing/Dressing |
| <input type="checkbox"/> Grooming and Hygiene | <input type="checkbox"/> House Cleaning |
| <input type="checkbox"/> Laundry | <input type="checkbox"/> Medications |
| <input type="checkbox"/> Turning in Bed | <input type="checkbox"/> Shopping |

By initialing below, I consent to a criminal background screening and a closed record check to assist in determining my eligibility for this position. If there is a negative report on my background screening I understand that I may apply for a Good Cause Waiver. I also understand that this employer participates in E-Verify to verify my eligibility for employment in the United States.

[]

Initial Here

PLEASE CONTINUE TO BACK SIDE...

EMPLOYMENT HISTORY

Company Name: _____

Address: _____
(street) (city) (state) (Zip)

Dates Employed: ____/____/____ to ____/____/____

Position Held: _____

Duties: _____

Reason for leaving: _____

Are you eligible for rehire? ____ If no, explain: _____

Do we have permission to contact you past employer? _____

Company Name: _____

Address: _____
(street) (city) (state) (Zip)

Dates Employed: ____/____/____ to ____/____/____

Position Held: _____

Duties: _____

Reason for leaving: _____

Are you eligible for rehire? ____ If no, explain: _____

Do we have permission to contact you past employer? _____

REFERENCES

Please list three (3) references. At least two (2) must be professional.

Name: _____ Relationship: _____

Address: _____ Phone: (____) ____ - ____

Name: _____ Relationship: _____

Address: _____ Phone: (____) ____ - ____

Name: _____ Relationship: _____

Address: _____ Phone: (____) ____ - ____

I certify that the answers given herein are true and complete to the best of my knowledge.

Signature of Applicant

____/____/____
Date