

# CAREGIVER EMPLOYMENT APPLICATION

## ***HOME CARE AGENCY INFORMATION***

Agency Name: Compassionate Love Home Care Agency  
Address: 3300 Henry Avenue Suite 337 Philadelphia, PA 19129 Email: support@clhca.com  
Phone Number: (267) 606-0350 Toll-free Number: 1-(888) 482-4404

## ***PERSONAL INFORMATION***

Full Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Date of Application: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
Position Applying For: \_\_\_\_\_  
Type of Employment Desired:  Full Time  Part Time  Per Diem

## ***EMPLOYMENT HISTORY***

Employer Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Employment Dates: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_  
Supervisor Email: \_\_\_\_\_ Supervisor Phone Number: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Employment Dates: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_  
Supervisor Email: \_\_\_\_\_ Supervisor Phone Number: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Employment Dates: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_  
Supervisor Email: \_\_\_\_\_ Supervisor Phone Number: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

## ***EDUCATION***

Level	Name & Location of School	Graduated (Yes or No)	Attendance Dates	Major
High School				
Business, Trade, or Technical				
College				

**REFERENCES**

***Professional References***

Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_

Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_

Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_

***Personal References***

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Years Known: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_

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Relationship: \_\_\_\_\_  
Years Known: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_

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Relationship: \_\_\_\_\_  
Years Known: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_

**CERTIFICATION & SKILLS**

- CPR Certified  First Aid Certified  Nursing Assistant  Elderly Care Experience
- Disability Support Experience  Home Health Aide

***APPLICANT DECLARATION***

- I certify that the information provided in this application is true and complete to the best of my knowledge.
- I understand that false or misleading information may result in rejection of my application or termination of employment.
- I authorize the Agency to verify references, employment history, and conduct background checks and drug screenings where permitted by law.

Applicant Signature: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

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

