

# Serenity Scope Home Care LLC

## Employment Application – Home Health Aide / Caregiver

### Applicant Information

- Full Name: \_\_\_\_\_
- Date: \_\_\_\_\_
- Address: \_\_\_\_\_
- City/State/ZIP: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Email Address: \_\_\_\_\_
- Preferred Contact Method:  Phone  Text  Email

### Position Information

- Position Applying For:  HHA  Caregiver  Companion
- Desired Start Date: \_\_\_\_\_
- Desired Hours:  Full-Time  Part-Time  PRN
- Availability (check all that apply):  Days  Evenings  Nights  Weekends  Live-In

### Work Eligibility

- Are you legally authorized to work in the U.S.?  Yes  No
- Do you have reliable transportation?  Yes  No
- Are you able to lift 25–50 lbs if required?  Yes  No
- Are you willing to undergo a background check?  Yes  No
- TB Test within last 12 months?  Yes  No
  
- CPR/First Aid Certification?  Yes  No

### Experience

- Do you have previous caregiving experience?  Yes  No If yes, how many years?  
\_\_\_\_\_
- Types of experience (check all that apply):  Personal Care  Companion Care  Dementia/Alzheimer's  Hospice  Transfers/Mobility  Meal Prep  Medication Reminders

# Employment History

## Most Recent Employer

- Company Name: \_\_\_\_\_
- Position: \_\_\_\_\_
- Dates Employed: \_\_\_\_\_
- Supervisor Name & Phone: \_\_\_\_\_
- Reason for Leaving: \_\_\_\_\_

## Previous Employer

- Company Name: \_\_\_\_\_
- Position: \_\_\_\_\_
- Dates Employed: \_\_\_\_\_
- Supervisor Name & Phone: \_\_\_\_\_
- Reason for Leaving: \_\_\_\_\_

## References (Professional Only)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

## Skills & Strengths

Briefly describe why you would be a good fit for Serenity Scope:

## Acknowledgment & Signature

I certify that the information provided is true and complete to the best of my knowledge. I understand that any false statements may result in disqualification or termination.

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