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| ***C:\Users\Duniya\Desktop\Logo DHHC\downloads\fb-cover-7566-5812bb1bece71.jpg*** | *1602 S. Parker Rd Suite 211  Denver, CO 80231*  *Phone: (303) 513-9299* [*www.DenverHHC.com*](http://www.DenverHHC.com) |

Thank you for your interest in career at *Denver Home Healthcare.*

*Denver Home Healthcare Services* provides experienced, compassionate care to seniors and their families. We are looking for reliable, competent and trustworthy Caregivers.

**Qualifications…**

Minimum 1+ years of experience providing care within the industry or willing to be trained upon hire.

1. 18 years of age or older
2. Ability to Multi-task and work under time constraints
3. Proactive and demonstrating leadership skills at all times
4. Background check and drug screening upon request
5. Minimum of 2 verifiable references
6. A dependable transportation
7. Compassionate and wishing to make a difference
8. You must be trustworthy and dependable.

If you can meet all of the above, then completely read and fill out the enclosed Application.

When you have completed the Application, please drop it off at our office listed above, email it to [info@DenverHHC.com](mailto:info@DenverHHC.com) or return by it mail.

Thank you for your interest.

Sincerely,

*Denver Home Healthcare Agency*

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|  | Caregiver Employment Application |

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| Your Full Name | | | | Date | |
| Street Address | | City | | State | Zip |
| Home Phone | Cell Phone | SSN # | | Do you smoke?  yes  no | |
| Date of Birth | Ethnicity | | How did you hear about us: | | |

|  |  |
| --- | --- |
| Alternate Contact | |
| Name | Phone |
| Address | Relationship |

|  |  |
| --- | --- |
| Are you currently employed / provide Care to others? If Yes, Explain.  Yes  No | Explain: |
|  | |
| Have you ever been convicted of a misdemeanor/felony? If Yes, provide details  yes  no Details: | |

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| --- | --- | --- | --- |
| TransportationSome clients may require transportation, using the Care Provider’s vehicle: | | | |
| Do you have dependable transportation?  yes  no | | Make and model car | |
| License plate # | Driver license # | | Auto insurance policy # |
| Insurance company | Insurance agent name | | Insurance agent phone |

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| --- | --- | --- | --- |
| Availability | | | |
| Appx. hours per week available: | Days/Times you **are** available | Days & times **not** available | Can you be called at the last minute in case of emergency?  yes  no |

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| --- | --- | --- |
| What Education Qualifies You To Work As a Caregiver? | | |
| High school | City/State | Dates |
| College | City/State | Dates |
| Other | City/State | Dates |
| Degrees/certificates – All Degrees / Certificates must be presented copy. All will be verified with provider/issuer. | | |
| **Special skills or courses** – Any skills that assist in making you qualified as a professional Care Provider. | | |

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| What is Your Past Experience? |
| Discuss any training or experience working with the elderly. How are you trained and/or experienced in working with the elderly? |
| What do *YOU* do that shows and proves you’re Reliable, Trustworthy and Honest? |
| What would you like least about working with the elderly? |

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| Skills Please indicate which of the following skills you are prepared to provide if referred to seniors / families: | | | | | | | | | | |
| Companion Care & Safety | yes  no |  | Medication reminders | | yes  no | |  |
| Alzheimer’s | yes  no | Transportation | | yes  no | | Shaving Assistance | | yes  no |
| Dementia | yes  no | Assist with Bathing | | yes  no | |
| Meal Prep / Clean Up | yes  no | Dressing/ Grooming | | yes  no | | Assist w/ Prosthesis | | yes  no |
| Feeding | yes  no | Incontinence | | yes  no | | Hospice | | yes  no |
| Light Housekeeping | yes  no |  |  | Willing to Work w/Pets | | yes  no | | |
| Laundry | yes  no |  |  | Speak fluent English | | yes  no  Other Languages? Please list: | | |

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| Work History Please provide at least 2 years of recent, verifiable work history followed by verifiable references. | | | |
| Company | From | | To |
| Job title | Reason left | | |
| Duties | | | |
| Supervisor | Phone | | |
| Company | From | | To |
| Job title | Reason left | | |
| Duties | | | |
| Supervisor | Phone | | |
| Company | From | | To |
| Job title | Reason left | | |
| Duties | | | |
| Supervisor | Phone | | |
| Why Do You Feel You Would Be an Excellent Addition to Our Team? | | | |
| CERTIFICATION AND RELEASE: I certify that I have read and understand the general requirements of Independent Care Contractors/Providers on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I completely understand that I am submitting this Application as an interested Care Provider and that by submitting this there is no guarantee for employment. I understand that any false information, omissions, or misrepresentation of facts called for in this application may result in rejection of my application. I authorize the company and/or its agents, including consumer reporting bureaus, to verify any information including, but not limited to, work, criminal and credit history and motor vehicle driving records. I authorize all persons, schools, companies, and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies, and law enforcement authorities from any liability for any damage whatsoever for issuing this information. | | | |
| Signature | | Date | |