Employment Application

* Required

Employment Application

Please ensure that all required sections of the employment application are completed. A resume must be attached when submitting this application. If you are selected for an interview, we will contact you by phone or email.

1. First Name *

2. Last Name *

3. Email *

4. Birthday *

5. Telephone Number (include area code) *

6. What position are you applying for? *

- [ ] Companion Caregiver
- [ ] Customer Service Representative (remote)

7. Are you seeking full time or par time? *

- [ ] Full Time
- [ ] Part time

8. What counties in Florida are you available to work. (Select all that apply) *

- [ ] Brevard
- [ ] Orange
- [ ] Osceola
- [ ] Seminole

9. BEST TIME YOU CAN BE REACHED *

- [ ] Morning
- [ ] Afternoon
- [ ] Evening

10. Please specify time frame. (example 9am-3p) *

11. Do you currently have a Florida State Drivers License *

- [ ] Yes
- [ ] No

12. If yes, how many years of driving experience do you have?

13. Do you currently own a vehicle that is registered in your name and insurance in your name. *

- [ ] Yes
- [ ] No

14. Have you been convicted of a felony? *

- [ ] Yes
- [ ] No

15. If yes, what was the nature of the crime?

16. Did you have an arrest that did not result in a conviction? *

- [ ] Yes
- [ ] No

17. If yes, what was the nature of the arrest?

18. Are you currently employed? *

- [ ] Yes
- [ ] No

19. What date can you start working? *

Professional References

Please provide 2 professional references (not a personal or family reference) from someone who can speak to your work experience, such as a former supervisor, manager, or colleague.

20. **Professional Reference #1** *

    Name

21. Job Title *

22. Company Name

23. Relationship to you? *

24. Telephone Number (include area code) *

25. E-mail *

26. **Professional Reference #2** *

    Name

27. Job Title *

28. Company Name

29. Relationship to you? *

30. Telephone Number (include area code) *

31. E-mail *

Certifications & Training

Please select the certification and or training that you currently have.

32. Please select the certification and or training that you currently have. *

- [ ] CPR
- [ ] Med Tech (AMAP)
- [ ] First Aid
- [ ] OTHER
- [ ] None of the above

33. Please list any other certificates or training.

Employment History

Please provide details for your most recent or relevant work experience. Include **at least the last 3–5 years** of employment history, or your **last 2–3 positions**, whichever applies. Be as accurate and thorough as possible.

34. **Company #1** *

Company Name

35. Job Title *

36. Company Address *

37. Employment Dates (Start and end month/year (e.g., Jan 2020 – March 2023) *

38. Supervisor's Name and Title *

39. Supervisor's Contact Information (Phone number and/or email) *

40. Job Responsibilities/Duties *

41. Reason for Leaving *

42. **Company #2** *

Company Name

43. Job Title *

44. Company Address *

45. Employment Dates (Start and end month/year (e.g., Jan 2020 – March 2023) *

46. Supervisor's Name and Title *

47. Supervisor's Contact Information (Phone number and/or email) *

48. Job Responsibilities/Duties *

49. Reason for Leaving *

50. **Company #3**

Company Name

51. Job Title

52. Company Address

53. Employment Dates (Start and end month/year (e.g., Jan 2020 – March 2023)

54. Supervisor's Name and Title

55. Supervisor's Contact Information (Phone number and/or email)

56. Job Responsibilities/Duties

57. Reason for Leaving

58. **Company #4**

Company Name

59. Job Title

60. Company Address

61. Employment Dates (Start and end month/year (e.g., Jan 2020 – March 2023)

62. Supervisor's Name and Title

63. Supervisor's Contact Information (Phone number and/or email)

64. Job Responsibilities/Duties

65. Reason for Leaving

Tell Us About Yourself

In this section, we'd like to learn more about you and your approach to caring for seniors. Please share your experience, motivation for working in senior care, and how you provide compassionate, respectful, and reliable support.

66. Can you tell me a little about yourself and why you chose to work in senior care? *

67. What do you enjoy most about working with seniors? *

68. What qualities do you think are most important in a caregiver? *

69. Describe a time when you made a senior feel safe, comfortable, or valued. *

70. If a client becomes confused or upset, how would you respond? *

71. What steps do you take to ensure a senior's dignity and independence are respected? *

72. Are you comfortable preparing meals, assisting with mobility, or running errands? Please explain. *

73. What would you do if you noticed a sudden change in a senior's behavior or health? *

74. How do you handle emergency situations or unexpected challenges? *

75. What experience do you have with seniors who have dementia or mobility issues? *

76. Is there anything else you would like to share with us?

SUBMIT

Click Submit to email your application.
Be sure to log into your email account
and attach your resume before sending.