



APPLICATION FOR REGISTRATION

Date: _____

Name: _____
(Last) (First) (Middle)

Address: _____

Home Phone: _____

Cell Phone: _____

Alt. Phone: _____

E-Mail: _____

Social Security # _____

I would like a job as a full time Live-In Companion: Yes - No

What days are you available to work? _____

I would like a job as a full time Live-Out Companion: Yes - No

What days and hours are you available to work? _____

Have you ever been registered with Covenant In-Home Care before? Yes - No

If yes, please give dates: _____

Reason for leaving: _____

How did you hear of us? _____

Do you have a valid driver's license? Yes - No

If Yes, from what State: _____ License number: _____

EDUCATION

High School Name: _____

State or Country: _____

Graduate: Yes - No

College Name: _____

State or Country: _____

Graduate: Yes – No

Type of Degree: _____

PERSONAL REFERENCES

Give the names of three persons (you have not worked with, and are **not related** to you).

Name	Telephone Number	Occupation

List all present and past employment beginning with your most recent. FOR ALL PERIODS OF UNEMPLOYMENT IN EXCESS OF THREE MONTHS, PLEASE GIVE AN EXPLANATION.

From: _____ To: _____ Job Title: _____

Name of Employer: _____

Address of Employer: _____

Reason for leaving: _____

Type of work you performed: _____

From: _____ To: _____ Job Title: _____

Name of Employer: _____

Address of Employer: _____

Reason for leaving: _____

Type of work you performed: _____

From: _____ To: _____ Job Title: _____

Name of Employer: _____

Address of Employer: _____

Reason for leaving: _____

Type of work you performed: _____

I _____, HEREBY AUTHORIZE Covenant In-Home Care TO REQUEST AND RECEIVE FROM ALL PRIOR EMPLOYERS WITHIN ONE YEAR OF THE DATE OF THIS APPLICATION, ANY AND ALL PERTINENT INFORMATION CONCERNING MY PRIOR EMPLOYMENT AND ITS TERMINATION, INCLUDING THE REASONS FOR SUCH TERMINATIONS. I hereby state that all of the foregoing information I have supplied in this application is a true and complete statement of the facts. False statements contained in this application are immediate cause for dismissal from registrant caregiver status. I further give my permission for this agency to verify all schooling and references.

Date

Signature of Applicant

FOR OFFICE USE ONLY

Date of interview: _____

Comments: _____

Reference Check

Date Sent: _____

Date received: _____

Results: _____

Verified by: _____