



Caregiver Registration Form

Name _____ Date _____
Last First Middle

Address _____
Street City State/Province ZIP/Postal Code

Cell Phone # () _____ Other Phone # () _____

E-Mail address _____ Referred to us by _____

Emergency Contact Name _____ / _____ Phone # () _____
(Relationship)

Position(s) applied for Caregiver Other: _____ Date available to begin _____

If currently employed, may we contact your employer? Yes No

Are you legally eligible for employment in this country? Yes No

Have you applied with this company before? Yes No

Do you have any friends or family employed at this location? Yes No

Have you been convicted of a crime? Yes No (not including traffic violations)

If yes, please explain _____

CONVICTION WILL NOT NECESSARILY BE A DISQUALIFICATION FOR REGISTRATION. NOT DISCLOSING CONVICTION WILL DISQUALIFY.

Describe your experience working as a Caregiver

EDUCATIONAL BACKGROUND

List previous three (3) educational institutions attended, beginning with the most recent.

SCHOOL	CITY, STATE/PROVINCE	GRADUATED?	DEGREE(s)/DIPLOMA(s) EARNED
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

What relevant designations, licenses, or registrations (like an CNA), if any, do you possess?
 Type _____ Date of Most Recent Registration _____ Valid in South Carolina?

Yes No

Yes No

Do you have the following: CPR Card Yes No Last Certified _____
 First Aid Card Yes No Last Certified _____

EMPLOYMENT BACKGROUND

Provide the following information beginning with the most recent employer.

EMPLOYER	TELEPHONE ()	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
		FROM	TO	
ADDRESS				
JOB TITLE		HOURLY RATE/SALARY STARTING		
IMMEDIATE SUPERVISOR AND TITLE AND PHONE NUMBER		\$	per	
REASON FOR LEAVING		HOURLY RATE/SALARY FINAL		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	per	

EMPLOYER	TELEPHONE ()	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
		FROM	TO	
ADDRESS				
JOB TITLE		HOURLY RATE/SALARY STARTING		
IMMEDIATE SUPERVISOR AND TITLE AND PHONE NUMBER		\$	per	
REASON FOR LEAVING		HOURLY RATE/SALARY FINAL		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	per	

Home Care Helpers USA LLC
 618 Chestnut Road, Suite 103, Myrtle Beach, SC 29572
 Ph 843-213-0800 Fax 843-213-0804

REFERENCES

List the name, relationship, number of years acquainted, and phone number of eight references. We do **not** accept relatives*. Please indicate if Reference is Personal, Client (or Client’s Family), or Business/Professional. At least **TWO (2)** references **must** be a past or current Client (or the Client’s Family), or a Business/Professional source.

NAME	RELATIONSHIP	YEARS ACQUAINTED	PHONE NUMBER
			()
			()
			()
			()
			()
			()
			()
			()

*Relatives includes all children, parents, grandparents, aunts, uncles, cousins, including all in-laws, half-, step-, and adoptive relationships, or significant others like boyfriends. References from them are **not accepted**.

REGISTRANT STATEMENT

I hereby certify and affirm that the information on this form, and that given in connection with this form, is true and correct. I understand that any false, misleading or incomplete answers or statements or implications made by me in connection with this form, or other required documents, or the failure to disclose any relevant information, will result in the denial of referral or justification for removal from the registry if discovered at a later date. My identification documents are genuine, were obtained by me from authorized sources and represent valid proof of my personal identity.

I authorize a thorough investigation of my past employment and activities, including but not limited to references, immigration, criminal, credit, drug, motor vehicle and/or child abuse checks, and agree to cooperate in such investigations. Further, I authorize any physician, hospital, employer, person or entity to release any information including answering reference questions which Home Care Helpers in its sole discretion deems necessary to determine my ability to perform the position(s) for which I am being considered or any future position(s) in the event I am accepted into the registry. In addition, I give Home Care Helpers permission to share the results of the above investigation with any Clients to whom I may be referred, as well as my Social Security and billing address information. In consideration of my receipt of this form and my being considered for registration and referral by the office, I hereby release from all liability or responsibility all persons, entities, employers and corporations requesting or supplying such information.

I hereby agree to submit to any lawful drug or alcohol test that may be required as a condition of registration and understand that refusal to submit to such testing during the course of my registry may result in my being removed from the registry.

By signing this statement I affirm that I have read this “Registrant’s Statement”, that I understand the significance of the releases contained in paragraph 2 above, that I intend to be legally bound by them, and that I am agreeing to them knowingly and voluntarily.

Applicant’s Signature _____ **Date** _____

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