



## P&M Home Care Services Inc.

47-40 48th Street • Suite 1R

Woodside, NY 11377

Phone: 1-800-586-1066 Fax: 718 729-841

Web: www.pmcaregivers.com

NYC-DCA License No. 1163052

# Caregiver Application

P&M Home Care Services Inc. will use it's best efforts to assist you in finding a position as a Caregiver, Home Health Aide or Certified Nursing Assistant.

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

## Personal & General Information - Please Print:

Name: \_\_\_\_\_  
Last Name First Name Middle Name Social Security Number

Address: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Are you legally eligible to work in this country? ☐ Yes ☐ No

Referred by: \_\_\_\_\_ Are you allergic to pets? ☐ No ☐ Dogs ☐ Cats

Some clients require transportation. Do you have a current Driver's License? ☐ Yes ☐ No. Auto insurance? \_\_\_\_\_

Are you currently employed? If so, what days/hours do you work? \_\_\_\_\_

Placement you are seeking: ☐ Live-In ☐ Live-Out ☐ Full-Time ☐ Part-Time ☐ Other: \_\_\_\_\_

Availability: What days are you available for work? \_\_\_\_\_ What hours are you available? \_\_\_\_\_

## Personal References: Do NOT use family members.

Name	Address - City, State, Zip	Relationship	Telephone No.

## Emergency Contact Information:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## Specialized Experience, Training & Skills: Check all that apply.

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Alzheimer's/Dementia  | <input type="checkbox"/> Colostomy Bag          | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Parkinson's Disease      |
| <input type="checkbox"/> Bathing Males/Females | <input type="checkbox"/> Blood Sugar Testing    | <input type="checkbox"/> Cancer        | <input type="checkbox"/> Diabetic                 |
| <input type="checkbox"/> Vital Signs/BP        | <input type="checkbox"/> Oxygen                 | <input type="checkbox"/> Hoyer Lift    | <input type="checkbox"/> Medication Monitoring    |
| <input type="checkbox"/> Hospice Care          | <input type="checkbox"/> Transfers & Ambulation | <input type="checkbox"/> CPR           | <input type="checkbox"/> Bedmaking/while occupied |
| <input type="checkbox"/> Home Health Aide      | <input type="checkbox"/> RN/LPN in Philippines  | <input type="checkbox"/> CNA           | <input type="checkbox"/> Other Experience: (List) |

## Education:

School	Name & Address of School	Course of Study	Years Completed
High School			
College			
Graduate/Professional			
Other - Specify			



**Work History: List present or most recent job first.**

Employer Name:	From:	To:	Wage: \$
Address:	Job Title:		
City, State, Zip:	Job Duties:		
Phone:			
Reason for leaving:			

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**Interests/Hobbies:**

Because many 12 and 24 hour shift jobs include considerable amounts of unstructured time, please list any skills, hobbies or other activities that would contribute to your proficiency as a caregiver: (Example: Board & card games, hairdressing etc.)

How would you describe your cooking skills? ☐ Excellent ☐ Good ☐ Average ☐ TV dinners

**Authorization To Release Information Disclaimers:**

I hereby authorize P&M Home Care Services Inc. (hereinafter "The Agency"), to perform investigations into my background, past behavior, my character and general reputation. In addition, I further authorize investigations of the following: **Consumer Reports:** I authorize The Agency to perform investigative consumer reports that may include credit reports, criminal history or arrest records, workers' compensation histories, motor vehicle records, employment records or other sources of information. **Employment:** I authorize all former and current employers to release any and all information regarding my employment history. I further authorize my supervisors and other work associates to disclose their opinions and observations of my work habits, qualities, competency and skills. **Authorization to Release:** I authorize custodians of the records of any agency, government agency, or company as described above, to release such information upon request of The Agency. **Re-disclosure:** I understand that the information requested is for the use by The Agency and may be re-disclosed only as authorized by law. I understand that I have a right to request from The Agency a written disclosure of the nature and scope of the investigation conducted that I authorized above. **Signature:** Copies and facsimile transmissions of this authorization that show my signature are as valid as the original release signed by me. Please sign your name below.

**IMPORTANT: It is against the law for the Employment Agency to charge a registration or application fee. The Agency can only collect a deposit if you are applying for certain types of jobs. YOU ARE ENTITLED TO A REFUND. IF A REFUND IS NOT MADE WITHIN SEVEN (7) DAYS, OR YOU HAVE A COMPLAINT OR NEED MORE INFORMATION CALL 3-1-1.**

**Applicant**

Name: (print) \_\_\_\_\_

Signature \_\_\_\_\_

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

**P&M Home Care Services Inc.**

Name/Title: Michael Principato, President

Signature \_\_\_\_\_

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

**SIGN  
HERE**