



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

Start Wage: \_\_\_\_\_

## Application Form

1. Full Applicant Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ DOB: \_\_\_\_\_ SS# \_\_\_\_\_

2. Have you worked as a caregiver? \_\_\_\_\_

3. Name, address, telephone number of last three (3) employers:

1. Company: \_\_\_\_\_ How long? \_\_\_\_\_

Address \_\_\_\_\_

Tel: \_\_\_\_\_ Your Job Title: \_\_\_\_\_

2. Company: \_\_\_\_\_ How long? \_\_\_\_\_

Address \_\_\_\_\_

Tel: \_\_\_\_\_ Your Job Title: \_\_\_\_\_

4. Give three (3) References (business/personal):

1. Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Telephone: \_\_\_\_\_

2. Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Telephone: \_\_\_\_\_

3. Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Telephone: \_\_\_\_\_

5. Own a Car? \_\_\_\_\_ Driver's Lic. No.: \_\_\_\_\_ State: \_\_\_\_\_

6. Criminal History: Have you ever been convicted of a felony or misdemeanor offense? (Circle): Yes  
No

7. If you have been convicted, please describe the date and nature of the offense:

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8. Please describe the days and hours that you are available for work:

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You will be required to work on Saturday and Sunday on some occasions?

9. Wage required: \_\_\_\_\_

10. When can you start? \_\_\_\_\_

11. Please describe the strengths that make you a good candidate to be a Sierra Home Health Care caregiver: \_\_\_\_\_

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\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**Sierra Home Health Care 3500 Lakeside Court, Suite 145, Reno, NV 89509**

**775-359-7272/Fax 775-825-1344**