

CAREGIVER INFORMATION FOR LISTING WITH FRIEND OF THE FAMILY

Date _____ Social Security Number _____ - _____ - _____

Name _____ Home Phone _____ Work Phone _____

Cell phone/Pager _____ Email Address _____

Maiden Name _____ Previous Married Name(s) _____

Address _____ City _____ State _____ Zip _____

Current School or Employer _____ Full or Part Time? _____

Name, address and telephone number of Nearest Relative or Friend _____

How did you hear about Friend of the Family? _____

Who do you know that is a currently or previously listed Caregiver with a Friend of the Family?

PLACEMENT PREFERENCE - CHECK ONLY THE AREAS IN WHICH YOU HAVE EXPERIENCE:

- Childcare (age preference _____)
- Extended care (temporary overnight stay)
- New Mother/New Baby care (course required)
- Childcare & Housekeeping
- Eldercare/Convalescent care
- Housekeeping
- Cooking

AVAILABILITY

- Day _____
- Evening _____
- Weekend _____
- Overnight _____

PLEASE CHECK YES OR NO FOR THE FOLLOWING: IF YES, PLEASE EXPLAIN.

CIRCLE IF YOU ARE INTERESTED IN:

COMMENTS

| | | | |
|---|-----|----|-------|
| Temporary Placement | YES | NO | _____ |
| Consistent (requires 2 mo commitment) | YES | NO | _____ |
| Permanent (requires 1 yr commitment) | YES | NO | _____ |
| Live-in only | YES | NO | _____ |
| Live-out only | YES | NO | _____ |
| Live-in or out | YES | NO | _____ |
| Can you swim? | YES | NO | _____ |
| Do you smoke, if yes, how much/day? | YES | NO | _____ |
| Do you have a car, if yes, what type? | YES | NO | _____ |
| Can you work with: | | | |
| Dogs in the home? | YES | NO | _____ |
| Cats in the home? | YES | NO | _____ |
| Other pets? | YES | NO | _____ |
| Are you willing to work with parents in the home? | YES | NO | _____ |

DO YOU HAVE EXPERIENCE IN:

COMMENTS

| | | | |
|---------------------------------|-----|----|-------|
| Attention Deficit Disorder | YES | NO | _____ |
| Physically Handicapped | YES | NO | _____ |
| Twins/Multiple Births | YES | NO | _____ |
| Toilet Training | YES | NO | _____ |
| Behavior Disorders | YES | NO | _____ |
| Mentally Handicapped | YES | NO | _____ |
| Mildly Ill Child | YES | NO | _____ |
| 24 HR Live-in Care | YES | NO | _____ |
| Learning Disabilities | YES | NO | _____ |
| Infant on a monitor | YES | NO | _____ |
| Care when parent is at home | YES | NO | _____ |
| New Mother/baby care(0-6 weeks) | YES | NO | _____ |
| Foreign Language | YES | NO | _____ |
| Computer Skills | YES | NO | _____ |

ARE YOU CURRENTLY CERTIFIED IN:

COMMENTS

| | | | |
|----------------------|-----|----|-------|
| Infant/Child CPR | YES | NO | _____ |
| Adult CPR | YES | NO | _____ |
| Community CPR | YES | NO | _____ |
| First Aid | YES | NO | _____ |
| Nurse's Aid | YES | NO | _____ |
| Patient Care Courses | YES | NO | _____ |
| Teaching Certificate | YES | NO | _____ |
| Nurse (RN / LPN) | | | _____ |

EDUCATIONAL INFORMATION

Circle the last COMPLETED level:

Some High School High School GED College Post Graduate

1. High School

Did you graduate? Yes No If no, list highest grade completed. _____

2. School _____ Major _____

Dates Attended: from ___ / ___ to ___ / ___ Degree Received _____

3. School _____ Major _____

Dates Attended: from ___ / ___ to ___ / ___ Degree Received _____

LIST ALL EMPLOYMENT INCLUDING CHILDCARE/COMPANION CARE FOR THE LAST 10 YEARS, STARTING WITH YOUR CURRENT OR LAST JOB. ALSO, LIST VOLUNTEER OR FAMILY EXPERIENCE WITH CHILDREN OR ADULTS. YOU MAY NOT USE FAMILY MEMBERS AS REFERENCE.

(1) Dates of Employment _____ Company or Family Name: _____
 ___/___/___ to ___/___/___ Supervisor & Title: _____
 Days: S M T W TH F S Address/City/State: _____
 HOURS PER DAY _____
 Phone Number _____ Email Address _____ Relationship to you _____
 Number and ages of children/adults cared for: _____
 Job Title and Duties: _____ Beginning Salary _____ Ending Salary _____
 Reason for leaving this position: _____
 Comments _____

(2) Dates of Employment _____ Company or Family Name: _____
 ___/___/___ to ___/___/___ Supervisor & Title: _____
 Days: S M T W TH F S Address/City/State: _____
 Hours per day _____
 Phone Number _____ Email address _____ Relationship to you _____
 Number and ages of children/adults cared for: _____
 Job Title and Duties: _____ Beginning Salary _____ Ending Salary _____
 Reason for leaving this position: _____
 Comments _____

3) Dates of Employment _____ Company or Family Name: _____
 ___/___/___ to ___/___/___ Supervisor & Title: _____
 Days: S M T W TH F S Address/City/State: _____
 Hours per day _____
 Phone Number _____ Email Address _____ Relationship to you _____
 Number and ages of children/adults cared for: _____
 Job Title and Duties: _____ Beginning Salary _____ Ending Salary _____
 Reason for leaving this position: _____
 Comments _____

(4) Dates of Employment

Company or Family Name: _____

____/____/____ to ____/____/____

Days: S M T W TH F S

Hours per day _____

Supervisor & Title: _____

Address/City/State: _____

Phone Number _____ Email Address _____ Relationship to you _____

Number and ages of children/adults cared for: _____

Job Title and Duties: _____ Beginning Salary _____ Ending Salary _____

Reason for leaving this position: _____

Comments _____

(5) Dates of Employment

Company or Family Name: _____

____/____/____ to ____/____/____

Days: S M T W TH F S

Hours per day _____

Supervisor & Title: _____

Address/City/State: _____

Phone Number _____ Email Address _____ Relationship to you _____

Number and ages of children/adults cared for: _____

Job Title and Duties: _____ Beginning Salary _____ Ending Salary _____

Reason for leaving this position: _____

Comments _____

(6) Dates of Employment

Company or Family Name: _____

____/____/____ to ____/____/____

Days: S M T W TH F S

Hours per day _____

Supervisor & Title: _____

Address/State/City: _____

Phone Number _____ Email Address _____ Relationship to you _____

Number and ages of children/adults cared for: _____

Job Title and Duties: _____ Beginning Salary _____ Ending Salary _____

Reason for leaving this position: _____

Comments _____

(7) Dates of Employment

Company or Family Name:

___/___/___ to ___/___/___

Days: S M T W TH F S

Hours per day _____

Supervisor & Title: _____

Address/City/State: _____

Phone Number _____ Email Address _____ Relationship to you _____

Number and ages of children/adults cared for: _____

Job Title and Duties: _____ Beginning Salary _____ Ending Salary _____

Reason for leaving this position: _____

Comments

(8) Dates of Employment

Company or Family Name: _____

___/___/___ to ___/___/___

Days: S M T W TH F S

Hours per day _____

Supervisor & Title: _____

Address/City/State: _____

Phone Number _____ Email Address _____ Relationship to you _____

Number and ages of children/adults cared for: _____

Job Title and Duties: _____ Beginning Salary _____ Ending Salary _____

Reason for leaving this position: _____

Comments

(9) Dates of Employment

Company or Family Name: _____

___/___/___ to ___/___/___

Days: S M T W TH F S

Hours per day _____

Supervisor & Title: _____

Address/City/State: _____

Phone Number _____ Email Address _____ Relationship to you _____

Number and ages of children/adults cared for: _____

Job Title and Duties: _____ Beginning Salary _____ Ending Salary _____

Reason for leaving this position: _____

Comments

PLEASE EXPLAIN ANY GAPS IN EMPLOYMENT, OF 3 MONTHS OR MORE _____

PERSONAL REFERENCES

Personal References must not be the same as previously listed business references and must not be related to you in anyway.

1. Name _____ Relationship _____

Street Address _____ City _____ ST _____ Zip Code _____

Phone (H) _____ (W) _____ (C) _____

2. Name _____ Relationship _____

Street Address _____ City _____ ST _____ Zip Code _____

Phone (H) _____ (W) _____ (C) _____

3. Name _____ Relationship _____

Street Address _____ City _____ ST _____ Zip Code _____

Phone (H) _____ (W) _____ (C) _____

HOW DID YOU LEARN ABOUT FRIEND OF THE FAMILY? CHECK ONE AND GIVE NAME IF POSSIBLE:

Caregiver _____ Client _____ Publication _____ Word of Mouth _____

I affirm that all information provided by me to "A Friend of the Family" is correct to the best of my knowledge.

Signed _____ **Date** _____

MEDICAL HISTORY

Date of last check up? ___/___/___

Have you consulted or been treated by a physician for a serious illness in the past five years? Yes ___ No ___

If yes, please explain _____

Have you ever tested positive for: TB Yes No HIV Yes No Hepatitis Yes No

Have you ever filed or received Workman's Compensation? Yes No

If Yes, Please Explain _____

Do you have any physical, medical or mental disabilities or handicaps that would prevent you from performing specific kinds of work?

Yes ___ No ___ if yes, please describe and explain the work limitation _____

Do you take any prescribed medication? Yes ___ No ___ If yes, please explain: _____

Do you smoke? Yes ___ No ___ If yes, specify amount daily/ # of packs _____

Do you drink? Yes ___ No ___ If yes, specify amount and how often _____

Have you ever been treated for a drug or alcohol problem? Yes ___ No ___ If yes, please explain _____

DO YOU HAVE OR HAVE YOU EVER BEEN TOLD THAT YOU HAVE: (CHECK IF YES)

| | | | | | |
|-----------------------------------|-----|------------------------------|-----|-------------------------|-----|
| Varicose veins | ___ | High blood pressure | ___ | Fainting or dizziness | ___ |
| Diabetes | ___ | Heart disease | ___ | Dietary restrictions | ___ |
| Hernia | ___ | Chest pains or pressure | ___ | frequent headaches | ___ |
| Difficulty seeing/glasses/contact | ___ | Rheumatic fever or arthritis | ___ | Back disorder or injury | ___ |
| Difficulty hearing/hearing aid | ___ | chronic cough or cold | ___ | Low blood pressure | ___ |
| Nervous or mental disorder | ___ | Skin disease | ___ | Hepatitis | ___ |
| Epilepsy or convulsion | ___ | menstrual problems | ___ | Alcoholism | ___ |

Major Operation(s) _____ Major Illness _____

Do you carry health insurance? Yes ___ No ___ Name of Insurance Company _____

LEGAL HISTORY

COMMENTS

Since the age of eighteen, have you been convicted of a crime? YES NO

If yes, please describe _____

Have you had any auto accidents within the last 5 years? YES NO _____

Have you had any traffic tickets within the last 5 years? YES NO _____

***Note: A conviction will not necessarily bar you from being referred. Conviction will be judged on its own merits with respect to time, circumstance and seriousness.