

Family Staffing Solutions, Inc.

CAREGIVER INFORMATION SHEET

Applicant Information:

Date: _____

Full Name: _____

Social Security #: _____ - _____ - _____

Address: _____

D.O.B.: _____

City: _____ State: _____ Zip: _____

Cell Phone #: _____

E-Mail Address: _____

Alternate #: _____

Languages other than English that you can speak fluently: _____

Auto Information:

Make of Car: _____ Year: _____ A/C: _____ Heater: _____

Auto Insurance Company: _____ Expiration Date: _____

Is your car suitable for transporting clients?: _____ Other means of transportation: _____

Certifications:

CNA: Expiration Date: _____ Other: _____

CNT: Expiration Date: _____

CPR: Expiration Date: _____

Personal Information:

Smoker: _____ Non-Smoker: _____ Can you work around smoking?: _____

Can work around cats? _____ Can work around dogs? _____ Other: _____

Office Use Only

\$ 10 Background Check Paid: _____ Cash Check Ck #: _____

Notes: _____