EMPLOYMENT APPLICATION

COOLO Care | Checking On Our Loved Ones

Please print clearly in ink. Complete all applicable fields.

Applicant Information

Full legal name _____ **Preferred name (optional)** _____

Street address / apartment _____

City _____ **State** _____ **ZIP code** _____

Primary phone _____ **Alternate phone** _____

Email address _____

Preferred contact method: ☐ Phone ☐ Text ☐ Email

Position & Employment Preferences

Position applying for _____

☐ Home Health Aide ☐ STNA / CNA ☐ Companion ☐ LPN / RN

☐ Administrative / Office ☐ Other: _____

Date available to begin _____ **Desired pay (optional)** _____ **Preferred work area(s)** _____

Employment type: ☐ Full-time ☐ Part-time ☐ PRN / As needed

Weekly Availability

Time	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Morning	☐	☐	☐	☐	☐	☐	☐
Afternoon	☐	☐	☐	☐	☐	☐	☐
Evening	☐	☐	☐	☐	☐	☐	☐
Overnight	☐	☐	☐	☐	☐	☐	☐

Shift restrictions or additional availability: _____

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Education & Training

High school / GED

School / institution

Degree, diploma or training completed

College / university

School / institution

Degree, diploma or training completed

Vocational / other training

School / institution

Degree, diploma or training completed

Licenses & Certifications

Mark all current credentials or training that apply:

- ☐ Home Health Aide (HHA)
- ☐ STNA / CNA
- ☐ LPN
- ☐ RN
- ☐ CPR
- ☐ First Aid
- ☐ Dementia care training
- ☐ Other

License / certification and number (if applicable)

Expiration date

Other licenses, credentials, or specialized training

Caregiving Experience & Skills

Mark the types of services you have experience providing:

- ☐ Companionship
- ☐ Personal care / bathing
- ☐ Dressing / grooming
- ☐ Meal preparation
- ☐ Housekeeping
- ☐ Dementia / memory care
- ☐ Mobility / transfer assistance
- ☐ Hospice / respite support
- ☐ Medication reminders
- ☐ Transportation / errands

Years of related care experience

Other relevant skills

Describe your relevant caregiving experience:

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Employment History

List your most recent employers, starting with the current or most recent position.

Employer 1

Employer / organization _____ **Phone** _____

Job title _____ **Supervisor name** _____

Dates employed (from - to) _____ **Reason for leaving** _____

Main responsibilities: _____

May we contact this employer? ☐ Yes ☐ No

Employer 2

Employer / organization _____ **Phone** _____

Job title _____ **Supervisor name** _____

Dates employed (from - to) _____ **Reason for leaving** _____

Main responsibilities: _____

May we contact this employer? ☐ Yes ☐ No

Employer 3

Employer / organization _____ **Phone** _____

Job title _____ **Supervisor name** _____

Dates employed (from - to) _____ **Reason for leaving** _____

Main responsibilities: _____

May we contact this employer? ☐ Yes ☐ No

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Please print clearly in ink. Complete all applicable fields.

Professional References

Provide two professional references (preferably supervisors or coworkers).

Reference 1

Name _____ **Professional relationship** _____

Phone _____ **Email** _____

Reference 2

Name _____ **Professional relationship** _____

Phone _____ **Email** _____

Job-Related Questions

☐ Are you legally authorized to work in the United States? ☐ Yes ☐ No

☐ Can you perform the essential functions of the job, with or without reasonable accommodation? ☐ Yes ☐ No

☐ Do you have reliable transportation for shifts or travel required by the position? ☐ Yes ☐ No

Additional information you would like us to consider:

_____

_____

Applicant Acknowledgment & Signature

I certify that the information provided in this application is true and complete to the best of my knowledge.
I understand that material misrepresentation or omission may result in refusal to hire or termination.
I authorize COOLO Care to verify the job-related information provided, consistent with applicable law.
I understand this application does not constitute an employment contract and, if hired, employment is at will to the extent permitted by law. Any required background-screening authorization will be separate.

Applicant signature _____ **Date** _____

For COOLO Care Office Use Only

Date received _____ **Reviewed by** _____ **Interview date** _____

Hiring decision / follow-up notes

_____