

Application for Independent Contractor's Apple Tree Home Care, LLC

How did you hear about us ? _____

Date: _____

Name: _____ Cell#: _____ Home Phone #: _____

Address: _____ City: _____ State: AZ Zip Code: _____

Date of Birth: ____ / ____ / _____ Social Security #: _____ - _____ - _____

Driver License #: _____ State: _____ Expiration: _____

Emergency Contact: _____ Relationship: _____

Cell#: _____ Home Phone #: _____

Are you a U.S. Citizen?	Yes No
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Do you have your Alien Registration Card or Work Permit number? _____

Please circle

Please circle

Do you Smoke?	Yes No	Are you allergic to animals?	Yes No
Do you drive?	Yes No	Do you have car insurance?	Yes No
Do you have CPR?	Yes No	Expiration Date:	
Do you have First Aid?	Yes No	Expiration Date:	
Are you a CNA?	Yes No	Are you a Certified Caregiver	Yes No
Do you have your TB test?	Yes No		

It is mandatory to provide 3 references & proof of CPR/ First Aid in order to be contracted with ATHC

Will you be willing to go get CPR & First Aid with-in the first month? ___ Yes ___ No

List 3 references that are not family:

Name: _____ Phone #: _____ How long have you known this person? _____

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Employment History

Name: _____ Phone #: _____ Fax#: _____

Address: _____ How long did you work there? _____

Name: _____ Phone #: _____ Fax#: _____

Address: _____ How long did you work there? _____

Name: _____ Phone #: _____ Fax#: _____

Address: _____ How long did you work there? _____

May we contact previous employer? YES / NO How soon will you be able to start? _____

When are you available to work?

Do you have experience with:

_____ Sunday _____ to _____ _____ Monday _____ to _____ _____ Tuesday _____ to _____ _____ Wednesday _____ to _____ _____ Thursday _____ to _____ _____ Friday _____ to _____ _____ Saturday _____ to _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Gait Belt</td> <td style="width: 25%;">YES NO</td> <td style="width: 25%;">Hoyer Lift</td> <td style="width: 25%;">YES NO</td> </tr> <tr> <td>Slide Board</td> <td>YES NO</td> <td>Transfers</td> <td>YES NO</td> </tr> <tr> <td>Showers</td> <td>YES NO</td> <td>Hospice</td> <td>YES NO</td> </tr> <tr> <td>Ventilator</td> <td>YES NO</td> <td>Oxygen</td> <td>YES NO</td> </tr> <tr> <td>Feeding Tube</td> <td>YES NO</td> <td>Colostomy</td> <td>YES NO</td> </tr> <tr> <td>Diabetic's</td> <td>YES NO</td> <td>Dementia</td> <td>YES NO</td> </tr> <tr> <td>Alzheimer's</td> <td>YES NO</td> <td>Parkinson</td> <td>YES NO</td> </tr> </table>	Gait Belt	YES NO	Hoyer Lift	YES NO	Slide Board	YES NO	Transfers	YES NO	Showers	YES NO	Hospice	YES NO	Ventilator	YES NO	Oxygen	YES NO	Feeding Tube	YES NO	Colostomy	YES NO	Diabetic's	YES NO	Dementia	YES NO	Alzheimer's	YES NO	Parkinson	YES NO
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If we do not have any available shifts now would you be on call and work when ever we call you until we can get you hours? YES NO																													