

If the answers to either of the above offense questions are yes, please provide dates, and explain briefly:

Are you currently taking medication to treat a mental illness Yes No
If the answer is yes, please explain briefly:

MODE OF TRANSPORTATION

Car Bus Other

Do you have a current First Aid or CPR Certificate? Yes No

Are you a CNA (Certified Nurse Assistant)? Yes No

Please explain any experience that may qualify you as a reliable PCW worker:

How did you hear about our company?

Newspaper Ad Phone Book Friend/Acquaintance Walk-in

IMPORTANT: PLEASE INCLUDE GRADUATION DATES IN THIS SECTION

<i>EDUCATION</i>	<i>Name&Location</i>	<i>From/To</i>	<i>Major/Degree</i>
Grammar School	_____	_____	_____
High School	_____	_____	_____
College	_____	_____	_____
Trade or Business School	_____	_____	_____

Name _____
(Please print)

REFERENCES (Please provide names, addresses and current phone numbers for three (3) persons not related to you, whom you have known for at least one (1) year). We will be contacting persons that you list; please provide accurate information).

	Name	Address	Phone	Years Known
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

HEALTH SCREENING

Applicants will be required to complete a two (2) step TB test at his/her expense prior to consumer contact. Applicants must also provide a criminal background and child abuse history clearance at his/her expense.

EMPLOYMENT HISTORY Please list your last three (3) employers, beginning with your most recent employer. **This area must be filled out completely with dates.**

(1) Name & Address _____
 From ___/___/___ To ___/___/___ Position _____ Rate \$ _____
 Duties _____
 Reason for leaving _____
 Name of Supervisor _____ Phone _____

(2) Name & Address _____
 From ___/___/___ To ___/___/___ Position _____ Rate \$ _____
 Duties _____
 Reason for leaving _____
 Name of Supervisor _____ Phone _____

(3) Name & Address _____
 From ___/___/___ To ___/___/___ Position _____ Rate \$ _____
 Duties _____
 Reason for leaving _____
 Name of Supervisor _____ Phone _____

May we have your permission to contact past or current employers? Yes No

Name _____
(Please print)

I certify that information contained in this registration/application is true and complete. I understand that false information may be grounds for not registering me, or for immediate termination from assignment(s) at any point in the future, if I am registered. Other than where indicated I authorize the verification of all information listed above.

Signature

Date

INTERVIEWER'S COMMENTS

Interviewer's Initials _____

Name _____

(Please print)

SENIORSITTERS, INC.
AVAILABILITY WORK SHEET

Dear Applicant:

Please indicate on this sheet the days and hours that you will be available for work. This will help Seniorsitters match you with a client according to our needs and your availability.

DAY	FROM	TO	TOTAL HOURS
<i>Sunday</i>	_____	_____	_____
<i>Monday</i>	_____	_____	_____
<i>Tuesday</i>	_____	_____	_____
<i>Wednesday</i>	_____	_____	_____
<i>Thursday</i>	_____	_____	_____
<i>Friday</i>	_____	_____	_____
<i>Saturday</i>	_____	_____	_____

THANK YOU,

SENIORSITTERS, INC.