



HEARTFELT  
PRIVATE  
CAREGIVERS

## HEARTFELT PRIVATE CAREGIVERS

26 Princess St, #110, Wakefield, MA 01880.

Tel: 978-390-6996 Fax: 857-345-9591

### APPLICANT INFORMATION

(Please fill out all solutions completely. Incomplete applications may delay processing.)

Full Name: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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

Will you now or in the future require sponsorship for employment visa status? ☐ Yes ☐ No

Position Applied For: \_\_\_\_\_

Referred by: ☐ Online job Post ☐ Current Employee (Name: \_\_\_\_\_) ☐ Walk-in ☐ Other: \_\_\_\_\_

### Availability

Please select the days you are available to work and indicate your preferred shift times.

Day	Available	Preferred Start Time	Preferred End Time
Monday	<input type="checkbox"/>	_____ AM/PM	_____ AM/PM
Tuesday	<input type="checkbox"/>	_____ AM/PM	_____ AM/PM
Wednesday	<input type="checkbox"/>	_____ AM/PM	_____ AM/PM
Thursday	<input type="checkbox"/>	_____ AM/PM	_____ AM/PM
Friday	<input type="checkbox"/>	_____ AM/PM	_____ AM/PM
Saturday	<input type="checkbox"/>	_____ AM/PM	_____ AM/PM
Sunday	<input type="checkbox"/>	_____ AM/PM	_____ AM/PM

Total Hours Preferred Per Week: \_\_\_\_\_

Scheduling Restrictions or Notes: \_\_\_\_\_

Are you available for overnight or weekend shifts? Yes ☐ No ☐

### List Preferred Areas of Coverage

(Please list cities or neighborhoods you are willing to work in.)

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### Emergency Contact

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Email (optional): \_\_\_\_\_

### Driver's License information (if applicable for field-based roles)

Do you have a valid Driver's License?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If yes, please complete the following:

Driver's License Number	
Issuing State	
Expiration Date	
Do you have reliable transportation?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Licenses and Certifications

License or Certification	ID Number	Expiration Date	State
1. _____			
2. _____			
3. _____			

Education	Name & Location	Course of Study	Years Completed	Date Graduated
High School:				
College:				
Other				

### Training Record

Please place a check next to any of the certificates that you have received and list the year in which you received the certificate.

<input type="checkbox"/> Certified Home Health Aide	Year Certified _____
<input type="checkbox"/> Certified Nurse Aide Assistant	Year Certified _____
<input type="checkbox"/> Certified Homemaker	Year Certified _____
<input type="checkbox"/> Other _____	Year Completed _____

## Languages

Please indicate all languages you can speak, read and / or write. (*check appropriate box*)

LANGUAGE	SPEAK	READ	WRITE
	<input type="checkbox"/> FLUENT <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR	<input type="checkbox"/> FLUENT <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR	<input type="checkbox"/> FLUENT <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR
	<input type="checkbox"/> FLUENT <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR	<input type="checkbox"/> FLUENT <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR	<input type="checkbox"/> FLUENT <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR
	<input type="checkbox"/> FLUENT <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR	<input type="checkbox"/> FLUENT <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR	<input type="checkbox"/> FLUENT <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR
	<input type="checkbox"/> FLUENT <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR	<input type="checkbox"/> FLUENT <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR	<input type="checkbox"/> FLUENT <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR
	<input type="checkbox"/> FLUENT <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR	<input type="checkbox"/> FLUENT <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR	<input type="checkbox"/> FLUENT <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR

## Employment History - Please begin with your most recent place of employment.

Place of Employment: _____	Start Date: _____
Address: _____	End Date: _____
Position: _____	Phone Number: _____
Supervisor: _____	Salary: _____
Reason for Leaving: _____	Final Salary: _____
<hr/>	
Place of Employment: _____	Start Date: _____
Address: _____	End Date: _____
Position: _____	Phone Number: _____
Supervisor: _____	Salary: _____
Reason for Leaving: _____	Final Salary: _____
<hr/>	
Place of Employment: _____	Start Date: _____
Address: _____	End Date: _____
Position: _____	Phone Number: _____
Supervisor: _____	Salary: _____
Reason for Leaving: _____	Final Salary: _____

## Military Service

Branch: \_\_\_\_\_

Service Dates: From \_\_\_\_\_ To \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_

Currently active or military spouse? ☐ Yes ☐ No

## Professional References

Please provide 2-3 professional references who can speak to your work experience, character, and qualifications. Do not list relatives

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Company/Organization: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

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## Criminal History

Have you ever been convicted of a felony? ☐ Yes ☐ No

If yes, explain: \_\_\_\_\_

\*A conviction does not necessarily disqualify you from employment. All responses will be reviewed in accordance with applicable laws.\*

## Equal Opportunity Employer Statement

Heartfelt Private Caregivers is an equal opportunity employer. We do not discriminate on the basis of race, religion, color, sex, gender identity, sexual orientation, age, disability, national origin, veteran status, or any other legally protected characteristics.

## Disclaimer And Signature

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information may result in my termination. I authorize investigation of all statements and understand employment is contingent upon background clearance and verification.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_