



Personal Information

Name:		Date of Birth:
First	Last	
Address:		
Email Address:	Contact Number:	

Position Applying For & Availability

Job Title:	Date Available to Start:	
Please check Employment availability: (Check all that apply)		
<input type="checkbox"/> Full Time	<input type="checkbox"/> Weekends	<input type="checkbox"/> Mornings
<input type="checkbox"/> Part Time	<input type="checkbox"/> Weekdays	<input type="checkbox"/> Afternoon
		<input type="checkbox"/> Nights

Are you at least 18 years of age?
Are you authorized to work in the United States?
Have you ever been trained or worked as a Health Care Aide or Personal Care Aide?
Is there any reason that you cannot perform the essential tasks of this position?
Are you available to obtain a TB test before employment starts?

Skills

What relevant skills do you have working with seniors and adults with disabilities? (please describe)

Education

Highest level of Education:	Diploma Achieved:
Name of School:	
Location:	

Work Experience

Previous Employer:	
Job Title(s):	Duration of Employment:
Main Responsibilities:	

I authorize Touch of Gold to investigate all statements contained in this application. Also, I give permission to conduct an investigation into my background. I attest that the information above is correct and true to the best of my knowledge.

Applicant's Signature _____ Date _____