MAGNOLIA HEALTHCARE INC.

CAREGIVER APPLICATION

Initial application for caregiver candidates

PERSONAL INFORMATION

Full Legal Name	**Phone**
Address	**City / State / ZIP**
Email	

AVAILABILITY

Days Available

■ Monday	■ Tuesday	■ Wednesday	■ Thursday
■ Friday	■ Saturday	■ Sunday	

Preferred Time

■ Morning	■ Evening	■ Night

PROFESSIONAL CERTIFICATION & LICENSE

Are you a CNA, HHA, or do you hold any other healthcare-related license or certification?

■ Yes	■ No

If yes, please provide:

Type: ■ CNA ■ HHA ■ Other	**License / Certification Number**
State	**Expiration Date**

If no: *Magnolia Healthcare Inc. may provide information about available caregiver training opportunities and courses.*

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CAREGIVING EXPERIENCE

Do you have previous caregiving experience?

■ Yes	■ No

Years of Caregiving Experience

Where have you worked? Check all that apply.

■ Private Care	■ Home Care Agency	■ Nursing Home
■ Assisted Living	■ Hospital	■ Hospice
■ Other		

AREAS OF EXPERIENCE

What types of caregiving experience do you have? Check all that apply.

■ Dementia / Alzheimer's	■ Parkinson's Disease
■ ALS	■ Multiple Sclerosis (MS)
■ Stroke / CVA	■ Hospice / End-of-Life Care
■ Bedbound Clients	■ Mobility & Transfers
■ Hoyer Lift	■ Personal Care
■ Medication Reminders	■ Feeding Assistance

Other

EMPLOYMENT / CAREGIVING HISTORY

Please list your two most recent or most relevant caregiving positions.

Experience 1

Employer / Agency	**Position**
Dates of Employment	**Supervisor / Contact**

Experience 2

Employer / Agency	**Position**
Dates of Employment	**Supervisor / Contact**

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PROFESSIONAL REFERENCES

Please provide two professional references.

Reference 1

Name / Relationship	Phone / Email

Reference 2

Name / Relationship	Phone / Email

APPLICANT CERTIFICATION

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that this application is part of the initial screening process and does not by itself create a service agreement or guarantee an assignment.

Applicant Signature	Date

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Date Received: _____ Reviewed By: _____

Application Status: ■ Approved to Proceed ■ Not Selected ■ Follow-Up Needed