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# Employment Application: CDAC Attendant/Aide

Company: Easy Access Care LLC

Position: CDAC Attendant / Aide

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## I. Personal Information

- Full Name: \_\_\_\_\_
  - Social Security Number (SSN): \_\_\_\_\_
  - Address: \_\_\_\_\_
  - Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_
  - Are you 18 years of age or older?  Yes  No
  - Do you have a valid Driver's License?  Yes  No
  - Do you have reliable transportation?  Yes  No
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## II. Availability

- Date Available to Start: \_\_\_\_\_
  - Total Hours Desired per Week: \_\_\_\_\_
  - Availability (Check all that apply):
    - Mornings  Afternoons  Evenings  Overnights  Weekends
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## III. Experience & Certifications

- Relevant Experience: Have you worked in home health or caregiving before?
    - Yes  No (If yes, for how long? \_\_\_\_\_)
  - Certifications (Check if current):
    - CPR/First Aid  Mandatory Reporter  CNA/LPN  Other: \_\_\_\_\_
  - Background Check Consent: Are you willing to undergo a criminal background check and dependent adult/child abuse registry check?
    - Yes  No
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## IV. Previous Employment (Last 2 Positions)

1. Employer: \_\_\_\_\_ Dates: \_\_\_\_\_
  - Role/Duties: \_\_\_\_\_
2. Employer: \_\_\_\_\_ Dates: \_\_\_\_\_



○ Role/Duties: \_\_\_\_\_

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## V. Professional References

- Name: \_\_\_\_\_ Phone: \_\_\_\_\_
- Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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## VI. Applicant Signature

I certify that the information provided is true and complete. I understand that any false statements may result in disqualification from employment.

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