

CG ID # _____

Caregiver Profile

Last name: _____ First name: _____

DOB: _____ M or F _____ SS #: _____

Address: _____ Apt: _____

City/State: _____ Zip: _____

Cell #: _____ Email Address: _____

DL # _____ DL Exp _____ ST _____

Emergency Contacts: _____ Relationship _____

Phone Number _____

Issues with: CATS _____ DOGS _____ SMOKING _____

Distance willing to travel (in time, not miles) _____

Direct Deposit? _____

Availability-

Mon	Tues	Wed	Thur	Fri	Sat	Sun
____:____ am to ____:____ am	____:____ am to ____:____ am	____:____ am to ____:____ am	____:____ am to ____:____ am	____:____ am to ____:____ am	____:____ am to ____:____ am	____:____ am to ____:____ am
____:____ pm to ____:____ pm	____:____ pm to ____:____ pm	____:____ pm to ____:____ pm	____:____ pm to ____:____ pm	____:____ pm to ____:____ pm	____:____ pm to ____:____ pm	____:____ pm to ____:____ pm

Date you can start _____

INTERNAL USE ONLY		
DATE OF HIRE	Starting Hourly Rate	
Authorized Supervisor Signature	Title	Date
W4 Single ___ Married ___ Married but withhold at higher rate ___ Number of deductions _____		

SKILLS CHECKLIST (please check all that apply)

- Alzheimer's Experience
- Assisted Living Experience
- Assistance with dressing
- Assistance with toileting
- Bathing/showering experience
- Bed Bath Experience
- Can you cook
- Cats OK
- Cats NOT OK
- CNA
- Dementia experience
- Dogs OK
- Dogs NOT OK
- First Aid Certified
- Gait belt
- Handicapped Patients
- Hospice Patients
- Hoyer Lift
- Incontinence Experience
- Can lift 25+ lbs
- Smoker OK
- Smoker NOT OK
- Are YOU a Smoker? Y__ N__
- TB Tested
- Transferring Experience

DIRECT DEPOSIT AUTHORIZATION

Dear Employee:

AMADA Senior Care is pleased to offer you the benefit of Paycheck DIRECT DEPOSIT at no additional cost to you. Due to the nature of ACH (Automated Clearing House) system, AMADA Senior Care must waive all responsibility for the timeliness of deposits to your financial institution.

I authorize AMADA Senior Care to submit to the ACH system the following information and to initiate a DIRECT DEPOSIT request of my payroll, and if necessary, debit (incase of error) the same account. I also authorize the financial institute indicated below to credit and/ or debit the same to such account.

I am aware that the set up period may take up to two or more payroll cycles to complete, and that I will receive a paycheck during this period. This authorizations Agreement remains in full effect until I notify my employer in writing of its termination, or upon termination of my employment with AMADA Senior Care. Funds are provided to the ACH system on or before your pay date. After that, AMADA Senior Care has no control over the ACH process, which could delay your funds for two days of longer, after pay day.

Amada can mail your paycheck for a \$5 tracking fee deducted from your paycheck. Otherwise, your paycheck will be available for pick up in the office once received.

I authorize Amada to deduct \$5 from my paycheck for mail tracking fees. Y or N_____ (please call to set up)

NEW REQUEST **REVISION**

Checking Account	Second Checking	Savings Account
Amount- NET _____ % _____	Amount- NET _____ % _____	Amount- NET _____ % _____

ATTACH VOIDED CHECK HERE

(Please note: any handwritten account/routing errors are the responsibility of the employee and a \$25 charge may be assessed through our payroll company. Highly recommend a cancelled check, deposit slip or bank card with the correct printed numbers)

I HAVE REVIEWED THIS FORM AND AGREE TO ALL CONDITIONS STATED ABOVE,

Employee Signature	Printed Name	Date
Employee Social Security Number	AMADA SENIOR CARE	

Personal References

(MUST INCLUDE AT LEAST 2 AND HAVE KNOWN 1 FOR AT LEAST 5 YEARS)

1. NAME: _____ Phone: _____ Yrs Known: _____
 Relationship: _____ Email: _____

2. NAME: _____ Phone: _____ Yrs Known: _____
 Relationship: _____ Email: _____

3. NAME: _____ Phone: _____ Yrs Known: _____
 Relationship: _____ Email: _____

Education

Name of High School	Years Completed 9 10 11 12	Diploma/Degree/Certification Date
Name of Colle/University	Years Completed 1 2 3 4	Diploma/Degree/Certification Date
Name of Trade School	Years Completed 1 2 3 4	Diploma/Degree/Certification Date
Name of CNA/CHHA/LVN/RN School	Years Completed 1 2 3 4	Diploma/Degree/Certification Date

Internal use only

NOTES: _____

Employment History: Must include all positions held in the last **FIVE YEARS**

(if not employed, please state reason- school, unemployed, family, etc.)

1	Company Name	Supervisors Name and Title	Phone Number		
	Address	City	ST	Zipcode	
	Job Title and Description				
	Dates of Employment		Pay per Hour	Reason for leaving:	
	From:	To:	Starting pay:	Ending Pay:	
2	Company Name	Supervisors Name and Title	Phone Number		
	Address	City	ST	Zipcode	
	Job Title and Description				
	Dates of Employment		Pay per Hour	Reason for leaving:	
	From:	To:	Starting pay:	Ending Pay:	
3	Company Name	Supervisors Name and Title	Phone Number		
	Address	City	ST	Zipcode	
	Job Title and Description				
	Dates of Employment		Pay per Hour	Reason for leaving:	
	From:	To:	Starting pay:	Ending Pay:	
4	Company Name	Supervisors Name and Title	Phone Number		
	Address	City	ST	Zipcode	
	Job Title and Description				
	Dates of Employment		Pay per Hour	Reason for leaving:	
	From:	To:	Starting pay:	Ending Pay:	
5	Company Name	Supervisors Name and Title	Phone Number		
	Address	City	ST	Zipcode	
	Job Title and Description				
	Dates of Employment		Pay per Hour	Reason for leaving:	
	From:	To:	Starting pay:	Ending Pay:	

Driving Record

Has your license ever been suspended or revoked? YES _____ NO _____ If yes, please explain:

Have you been cited for a DWI/DUI within the last **FIVE YEARS**? YES _____ NO _____ If yes, please explain:

Please list all moving violations in the last five years (offense, date, location)

Criminal Background

Have you **EVER** pleaded guilty or 'no contest' to, or been convicted of a misdemeanor or felony? **Our background check goes back forever, not just a few years.**

YES _____ NO _____ If yes, please explain: _____

Have you been arrested for any matters for which you are out on bail or on your own recognizance pending trial?

YES _____ NO _____ If yes, please explain: _____

Note: Answering "yes" to the questions below does not constitute an automatic bar to employment. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account.

At Amada Senior Care we provide safe and compassionate care to our clients. Therefore, a FBI background check is required for all caregivers. **This would include ALL prior convictions, misdemeanors etc. regardless of time that has passed since the incident.**

We appreciate your understanding in this matter.

_____ Employee's Signature

_____ Printed Name

_____ Date

Caregiver Name _____

15 Minutes of Fame

I prefer to be recognized:	<input type="checkbox"/> Publicly <input type="checkbox"/> Privately <input type="checkbox"/> No Preference
I most appreciate recognition when given by:	<input type="checkbox"/> Peers <input type="checkbox"/> Management <input type="checkbox"/> Executives <input type="checkbox"/> No Preference

Favorites

Sugary Snack:	
Salty Snack:	
Beverage:	
Color(s):	
Sports Team(s):	
Hobbies:	
Favorite Restaurant:	
Favorite TV Show:	
Favorite Movie:	
Favorite Genre of Music:	
What is your favorite time of day:	
Other things I like:	

Please check items below that you most enjoy:

<input type="checkbox"/> Personal notes from your manger	<input type="checkbox"/> Lunch with your manager
<input type="checkbox"/> Seminars	<input type="checkbox"/> Gift certificate
<input type="checkbox"/> Food	<input type="checkbox"/> Surprises
<input type="checkbox"/> Flowers	<input type="checkbox"/> Recognition in front of peers
<input type="checkbox"/> Movie tickets	<input type="checkbox"/> Project opportunities
	<input type="checkbox"/> Teambuilding