CHILD & ELDERCARE APPLICATION

Department of Community Services 300 Bryson Lane 899-3442

NAME _____PHONE_____

ADRESS_____CITY/ZIP_____

Please check all that apply

	CHILD CARE	ELDER CARE
Full Time my home	_____	_____
Part time my home	_____	_____
Full Time client's home	_____	_____
Part time client's home	_____	_____
Vacation Stays	_____	_____
Overnight	_____	_____

Salary Per Hour_____ Please indicate if negotiable_____

HOMEMAKER

___Companion ___Cook ___Clean ___Errands ___Hair Care ___Laundry

BACKGROUND INFORMATION

____First Aid ____CPR ___STNA ___Other_____

Work Experience, Certifications, Education_____

_____

REFERENCES: _____

_____

Date _____ *Signature*_____