CIMA HOME CARE, LLC

EMPLOYMENT APPLICATION

Compassionate Care • Dignity • Independence • Peace of Mind

Thank you for your interest in joining the CIMA Home Care team. Please complete all applicable sections. CIMA Home Care is committed to providing compassionate, person-centered care to every client.

1. APPLICANT INFORMATION

Full Legal Name	_____
Preferred Name	_____
Phone Number	_____
Email Address	_____
Street Address	_____
City / State / ZIP	_____

2. POSITION & AVAILABILITY

Position Applying For	■ Caregiver ■ Companion ■ Respite Care ■ Live-In Care ■ Other: _____
Employment Type	■ Full-Time ■ Part-Time ■ Per Diem ■ Temporary
Preferred Schedule	■ Days ■ Evenings ■ Overnight ■ Weekends ■ Flexible
Earliest Start Date	_____
Hours Available	From _____ to _____ | Days available: _____

3. CAREGIVING EXPERIENCE

Years of Caregiving Experience	_____
Alzheimer's / Dementia Experience	■ None ■ Some ■ Extensive
Senior / Memory Care Experience	■ None ■ Some ■ Extensive
Home Care Experience	■ None ■ Some ■ Extensive
Other Relevant Experience	_____
Care Skills	■ Personal Care ■ Bathing ■ Toileting ■ Transfers ■ Meal Prep ■ Mobility

4. CERTIFICATIONS & TRAINING

CPR / First Aid	■ Current ■ Expired ■ Not Certified Expiration: _____
HCA Registration	■ Current ■ Pending ■ Not Registered
Other Certifications	_____
Relevant Training	■ Dementia Care ■ Fall Prevention ■ Medication Assistance* ■ Other: _____

*Only duties permitted within applicable law, training, and CIMA Home Care's policies may be performed.

5. EMPLOYMENT HISTORY

Employer #1	_____
Job Title / Duties	_____
Dates Employed	_____
Reason for Leaving	_____
Supervisor / Contact	_____

Employer #2	_____
Job Title / Duties	_____
Dates Employed	_____
Reason for Leaving	_____
Supervisor / Contact	_____

6. PROFESSIONAL REFERENCES

Reference 1 — Name / Relationship	_____
Phone / Email	_____
Reference 2 — Name / Relationship	_____
Phone / Email	_____

7. TRANSPORTATION

Reliable Transportation	■ Yes ■ No
Valid Driver's License	■ Yes ■ No ■ Not Applicable
Auto Insurance	■ Yes ■ No ■ Not Applicable
Willing to Transport Clients	■ Yes ■ No ■ Not Applicable

8. APPLICANT CERTIFICATION & AUTHORIZATION

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that providing false, incomplete, or misleading information may affect my eligibility for employment or may result in termination of employment. I authorize CIMA Home Care, LLC to verify the employment, education, references, certifications, and other job-related information provided in this application, consistent with applicable law. I understand that employment is subject to applicable background screening and other lawful pre-employment requirements.

Applicant Signature	_____
Printed Name	_____
Date	_____

Equal Employment Opportunity
CIMA Home Care, LLC is committed to equal employment opportunity and to considering qualified applicants without unlawful discrimination. Employment decisions are based on qualifications, business needs, and applicable law.

FOR OFFICE USE ONLY | Date Received: _____ Interview Date: _____ Position: _____ Hiring Decision: ■ Hire ■ Not Selected ■ Pending