



# Care Provider Short Application

Today's Date: \_\_\_\_\_

How did you learn about Options? Ad in paper. Which? \_\_\_\_\_  
Posting on Craig's List  
Posting on Career Builder  
Options Care Provider. Who? \_\_\_\_\_  
Other - explain: \_\_\_\_\_

1. Your Name: \_\_\_\_\_, \_\_\_\_\_  
Last First

2. Your Phone Number: \_\_\_\_\_

Your Cell Number: \_\_\_\_\_

Your Email Address: \_\_\_\_\_

3. Which City and State do you live in? \_\_\_\_\_, \_\_\_\_\_  
City State

4. Are you a state-licensed CNA? Yes No If yes, license number: \_\_\_\_\_

5. What Training/Certifications do you have? (check all that applies)  
Certified Nursing Assistant (CNA) Registered Nurse (RN)  
Geriatric Nursing Aide (GNA) Other: \_\_\_\_\_  
Licensed Practical Nurse (LPN)

6. How many years of experience do you have providing home care for the elderly? \_\_\_\_\_ years

7. Are you seeking live-in assignments? Yes No  
If yes, how many consecutive days of live-in care can you provide? \_\_\_\_\_ days

8. Are you seeking live-out assignments? Yes No  
If yes, what is your weekly availability? (days and schedules you can work)  
\_\_\_\_\_

9. Do you own a car that you can use for work? Yes No  
If yes, provide the following:

Model & Year: \_\_\_\_\_

Driver license issued by which state? \_\_\_\_\_ Valid until: \_\_\_\_\_