

APF No.: _____

A&J MAJESTIC CARE LLC
36 High Street, New Providence 07974
Tel No: 732.844.9021 * Fax No: 908.325.1850
E-mail: almz1majesticcare@gmail.com

APPLICATION FORM

Date: _____

Personal Data:

Name of Applicant: _____ SS No.: _____

Address: _____ Apt#: _____

City: _____ State: _____ Zip Code: _____ E-mail: _____

Tel No.: _____ Cell No.: _____ Work No.: _____

Type of License/Certification: _____ No: _____

License-issuing Authority/Board: _____ Effective Date: _____ Exp.Date: _____

Malpractice Insurance: _____ Policy No.: _____

Driver's License No. _____ Expiration Date: _____

Work Experience: (within the one year period preceding the date of this application)

<u>From</u>	<u>To</u>	<u>Employer (Address/Tel #)</u>	<u>Area</u>	<u>Reason for Leaving</u>	<u>Supervisor</u>
1.	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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Education: (May continue at the back)

<u>Level</u>	<u>School/Address</u>	<u>Year Graduated</u>	<u>Degree/Diploma</u>
College/Vocational	_____	_____	_____
High School	_____	_____	_____
Others/Certificate:	_____	_____	_____

Person to be notified in case of emergency:

Name: _____

Address: _____

Relationship: _____ Tel. No.: _____

List two personal references unrelated to you:

Name: _____ Tel. No.: _____

Address: _____

Name: _____ Tel. No.: _____

Address: _____

ACKNOWLEDGEMENT AND AUTHORIZATION

I certify that the information in this application is accurate, complete and current. Any misstatement or omissions may result in disqualification from further consideration or discharge.

I authorize A&J Majestic Care, to request and receive from all prior employers within one year of the date of this application, any and all pertinent information concerning my prior employment and its termination, including the reasons for such termination.

I authorize A&J Majestic Care to disclose information contained in this application, together with any other information obtained from interview, reference checks, and performance appraisals or skills test, deemed necessary.

Print Name /Signature

Date

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WORK EXPERIENCE (1)

Name of Applicant: _____

Total years of experience: _____ years Worked in Facility/Home Care? _____

Check condition of patient you have already taken care of:

Alzheimer Amputated Wheel Chair Bound Hip Surgery Post Surgery
Dementia Incontinent Legally/Blind Stroke Victim Hypertensive
Diabetic Parkinson Knee Replacement G-Tube feeding Heart Attack
Hospice Paralyzed Pneumonia/Oxygen Bed Ridden Others

How are your patient transferred/lifting skills?

never transferred/lifted patient transferred/lifted patient below 130 pounds
minimal assistance only transferred/lifted patient 130 to 180 pounds
used patient Hoyer lift transferred/lifted patient above 180 pounds

Check equipments/medical supplies you have experienced handling with:

Oxygen Wheel Chair G-Tube Colostomy Bag Blood Pressure Monitor
Thermometer Walker Diapers Hospital Beds Blood Sugar Monitor
Catheter Commode Bed Pan Patient Lift Injections/Insulin

Check care needs that you have done:

Feeding Exercises Meal Preparation Light Housekeeping Market/Errands
Cooking Laundry Incontinent Care Medication Supervision Commode
Bathing Transfers Companionship Personal grooming Dressing

I declare to the best of my knowledge that the information I provided are true and correct.

Signature of Applicant

Date