



### Preliminary Application

<b>Date:</b>	<b>Type of Work Interested In:</b> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Direct Placement <input type="checkbox"/> Temp to Hire <input type="checkbox"/> Temp Only <input type="checkbox"/> Elderly Care <input type="checkbox"/> Child Care <input type="checkbox"/>	<b>Requested Pay Rate:</b>
<b>Geographic Preference:</b>		
<input type="checkbox"/> <b>South San Diego County</b> (south of Downtown and east) <input type="checkbox"/> <b>Central San Diego County</b> (Downtown to Del Mar and east) <input type="checkbox"/> <b>North County San Diego County</b> (Solana Beach to Oceanside and east)		
<input type="checkbox"/> <b>Please check off your experience in the following areas:</b>		
<input type="checkbox"/> newborns (birth-3 months) <input type="checkbox"/> multiples birth <input type="checkbox"/> 3-6 months <input type="checkbox"/> 6-18 months <input type="checkbox"/> 18 months-3 years	<input type="checkbox"/> 3-5 years <input type="checkbox"/> 6-11 years <input type="checkbox"/> 12+ years	<input type="checkbox"/> <b>Post-delivery</b> <input type="checkbox"/> <b>Post-surgical</b> <input type="checkbox"/> <b>Elderly</b> <input type="checkbox"/> <b>Dementia</b> <input type="checkbox"/> <b>Alzheimer's</b> <input type="checkbox"/> <b>General companionship</b>
<b>Name:</b>		
<b>Email:</b>		
<b>Mobile Number:</b>		
<b>Home Number:</b>		
<b>Best Number to Contact:</b>		
<b>Current Street Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>



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<b>Experience</b>	
<b>Employment History Beginning with Most Recent Employer</b>	
<b>Dates of Employment:</b>	<b>Type of Employment</b> (p/t, f/t, live-in, live-out, child care, elder care):
<b>Reason for Leaving:</b>	
<b>Description of Duties:</b>	

<b>Dates of Employment:</b>	<b>Type of Employment</b> (p/t, f/t, live-in, live-out, child care, elder care):
<b>Reason for Leaving:</b>	
<b>Description of Duties:</b>	

<b>Dates of Employment:</b>	<b>Type of Employment</b> (p/t, f/t, live-in, live-out, child care, elder care):
<b>Reason for Leaving:</b>	
<b>Description of Duties:</b>	



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<b>Dates of Employment:</b>	<b>Type of Employment</b> (p/t, f/t, live-in, live-out, child care, elder care):
<b>Reason for Leaving:</b>	
<b>Description of Duties:</b>	

<b>Additional Experience Related to Field:</b>
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<b>Certifications and Licenses (Please List):</b>
<b>Are you willing to take additional certification courses:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No



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### Education

Please select your highest level of education:

High School Graduate

University

If applicable list how many years:

Graduate

Degree:

Post Graduate Education:

**Please list any special skills or qualifications such as tutoring, exercise instruction, pet training, bi-lingual ability, etc.**