



# Companion Care

~NOW  
HIRING~

920-458-6788

Make New  
Friends!

We are currently looking for caregivers in the Sheboygan County Area.

**Job Summary:**

~You will be working with the elderly, helping them with cooking, cleaning, and personal cares.

**Benefits:**

Apply here and you will look forward to going to work, make great friends, and love your clients, who are happy to be living in their homes. **Above average pay**, flexible schedules, paid vacation after one year of employment, bonuses given for good work ethic.

**Experience:**

~Looking for experienced caregivers, however we are willing to train the right person. Also willing to work with college students looking for Co-op Caregiving experience.

~Work for a great company that provides on the job training with an experienced R.N.

**Contact Information:**

920-458-6788 (Ask for Tricia), [Jobs.companioncareofwi@gmail.com](mailto:Jobs.companioncareofwi@gmail.com), or return the application on the other side of this flyer in the envelope provided.

**Availability:**

Full-Time & Part



# Job Application

## Applicants Personal Information:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Social Security # \_\_\_\_\_  
Email: \_\_\_\_\_

## Additional Information:

Are you legally authorized to work in the U.S.? Yes / No  
Have you ever been convicted of a felony? Yes / No  
Are you willing to submit to a pre-employment drug screening test? Yes / No  
Do you have previous Caregiving experience? Yes / No  
Available Start Date: \_\_\_\_\_ Desired Pay: \_\_\_\_\_  
Employment Type: Full-Time / Part-Time / First Shift / Second Shift / Third Shift

## Education:

School Name	Location	Years Attended	Degree Received	Major

Other training, certifications or licenses held: \_\_\_\_\_

## Work Experience:

1) Employer Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Duties: \_\_\_\_\_

\_\_\_\_\_  
May we contact this Employer? Yes / No

2) Employer Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Duties: \_\_\_\_\_

\_\_\_\_\_  
May we contact this Employer? Yes / No

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date