

RoyaltyKare LLC Employee Application

We Are Bigger Than a Brand, We Are Family

1. Applicant Information

Full Name	<input type="text"/>
Address	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
Zip Code	<input type="text"/>
Phone Number	<input type="text"/>
Email	<input type="text"/>
Date of Birth	<input type="text"/>
Social Security Number (for background check)	<input type="text"/>

Years of Caregiving Experience	Less than 1 year	1–3 years	3–5 years	
Position Applying For	CNA	HHA	Companion	Hospital S
Preferred Schedule	Full Time	Part Time	Per Diem	Week

2. Travel Availability

Are you willing to travel for client assignments?	Yes	No
Do you have reliable transportation?	Yes	No

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Reliability & Commitment

3. Shift Reliability

Are you able to reliably arrive on time for scheduled shifts? Yes No

Have you ever had attendance issues in a previous job? Yes No

If yes please explain

Are you willing to accept last-minute shifts if available? Yes No

Are you willing to work weekends or holidays if scheduled? Yes No

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Client Safety Scenario

4. Client Safety & Reporting

If you notice a client is injured, ill, or in danger during your shift, explain what actions you would take.

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Work Experience

Employer 1

Company Name

Position

Dates Employed

Reason for Leaving

Employer 2

Company Name

Position

Dates Employed

Reason for Leaving

Employer 3

Company Name

Position

Dates Employed

Reason for Leaving

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Professional References

Reference 1

Name

Relationship

Phone

Reference 2

Name

Relationship

Phone

Reference 3

Name

Relationship

Phone

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Applicant Certification

I certify that the information provided in this application is true and complete and authorize RoyaltyKare LLC to verify employment history and conduct background checks.

Applicant Signature

Date