

IN-HOME CARE GIVER INTERVIEW QUESTIONNAIRE

DATE:

NAME:

ADDRESS:

PHONE:

DATE OF BIRTH:

SOCIAL SECURITY NUMBER:

I. PRESENT EMPLOYMENT (IF ANY)

- A. WHAT DO YOU DO?**
- B. HOW LONG HAVE YOU BEEN AT THIS JOB?**
- C. WHAT ARE YOUR DUTIES?**
- D. WHAT IS YOUR PAY?**
- E. WHAT ARE THE AGES OF THOSE YOU PROVIDE CARE?**
- F. HOW MANY?**
- G. DESCRIBE YOUR SCHEDULE AND DUTIES DURING A TYPICAL DAY?**
- H. WHY ARE YOU LEAVING?**

- I. DO YOUR EMPLOYERS KNOW YOU ARE LEAVING? HOW MUCH NOTICE OF YOUR LEAVING DO YOU NEED TO GIVE YOUR PRESENT EMPLOYER?**
- J. WHAT IS THE NAME AND PHONE NUMBER OF YOUR PRESENT EMPLOYER?**

SPECIAL INVESTIGATIONS and SECURITY EXPERTS L.L.C.

II. JOB HISTORY

A. IN-HOME CARE GIVER EXPERIENCE

DESCRIBE ALL PAST JOBS (IN ORDER OF THE DATES OF SERVICE AND NAMES AND PHONE NUMBERS OF REFERENCES)

B. OTHER JOBS

DESCRIBE OTHER JOBS (IN ORDER OF DATES OF SERVICE), YOUR DUTIES AND THE LENGTH OF SERVICE. LIST NAMES AND PHONE NUMBERS OF YOUR EMPLOYERS IN EACH JOB.

III. PERSONAL

A. DO YOU SMOKE?

B. DO YOU DRINK ALCOHOL

- i. HOW OFTEN?**
- ii. HOW MUCH?**

C. ARE YOU ON ANY MEDICATIONS

- i. FOR WHAT?**
- ii. WHAT ARE THEY?**
- iii. HOW OFTEN ARE THEY NEEDED?**

D. DO YOU DRIVE?

- i. DO YOU HAVE A CAR?**
- ii. WHAT IS YOUR DRIVERS LICENSE NUMBER**
- iii. HAVE YOU HAD ANY ACCIDENTS?**
- iv. HAVE YOU HAD ANY TICKETS?**
- v. WOULD YOU BE WILLING TO DRIVE YOUR CAR FOR WORK IF EXPENSES WERE PAID?**

E. MARITALSTATUS

- i. MARRIED**
- ii. SINGLE**
- iii. DIVORCED**

SPECIAL INVESTIGATIONS and SECURITY EXPERTS L.L.C.

iv. SEPARATED

F. DO YOU HAVE ANY CHILDREN?

- i. IF SO HOW OLD ARE THEY?**
- ii. WHERE ARE THEY LIVING?**
- iii. DID YOU RAISE THEM?**
- iv. WHAT ARE THEY DOING NOW?**

G. DESCRIBE YOUR RELATINOSHIP WITH THE FOLLOWING (IF APPLICABLE):

- i. YOUR CHILDREN?**
- ii. YOUR MOTHER**
- iii. YOUR FATHER**
- iv. YOUR BROTHER**
- v. YOUR SISTEE**

H. DO YOU SPEAK ANOTHER LANGUAGE?

- i. WHAT LANGUAGE(S)?**

I. DESCRIBE YOUR EXTRA-CURRICULAR ACTIVITIES IN SCHOOL, SPORTS YOU LIKE TO PLAY, ANY HOBBIES OR OTHER ACTIVITIES?

J. WHAT DO YOU LIKE TO DO WITH YOUR FREE TIME?

K. WHAT WAS YOUR MOST POSITIVE EXPERIENCE WITH IN HOME CARE THAT YOU PROVIDED?

L. WHY DO YOU WANT A CAREGIVER JOB?

M. WHAT IS YOUR LEAST FAVORITRE THING IN CARING FOR CHILDREN/ADULTS?

N. WHAT IS YOUR MOST FAVORITE THING ABOUT A CARE GIVER JOB?

O. WHAT ARE YOUR PLANS FOR THE NEXT 3-5 YEARS?

P. WHAT STEPS ARE YOU TAKING TO MAKE YOUR GOALS?

SPECIAL INVESTIGATIONS and SECURITY EXPERTS L.L.C.

Q. PLEASE PROVIDE A NAME AND PHONE NUMBER OF A PERSONAL REFERENCE.

IV: FOR FOREIGN APPLICANTS:

A. WHY DO YOU WANT TO COME TO THE UNITED STATES?

B. HOW LONG DO YOU WANT TO STAY IN THE UNITED STATES?

V: JOB REQUIREMENTS

A. ARE YOU COMFORTABLE WITH A LEASST A ONE YEAR JOB COMMITMENT?

B. WHAT DO YOU LIKE TO DO WITH INFANTS (IF APPLICABLE)

C. DESCRIBE YOUR COOKING ABILITY?

D. DESCRIBE YOUR CLEANING ABILITY?

E. WHAT OTHER TALENTS DO YOU HAVE THAT MIGHT BE USEFUL FOR IN- HOME CARE?