[Your Name]

[City, State] | [Phone] | [Email]

SUMMARY

Home care aide with [number] years helping older adults and people with disabilities live at home. I help with bathing, dressing, meals and medication reminders, and I keep accurate visit notes for the agency and the family.

CERTIFICATIONS

[Home health aide, personal care aide or CNA certificate], [State], [Year]
[CPR and first aid], [Issuer], valid through [Month Year]

SKILLS

- Personal care: bathing, dressing, toileting and transfers
- Meal preparation for special diets
- Medication reminders and visit notes
- Light housekeeping and laundry
- Companionship and running errands
- [Experience with dementia care, if you have it]

EXPERIENCE

[Home Care Aide], [Agency name]
[City, State] | [Month Year] to Present

- Visit [number] clients a week, with visits from [number] to [number] hours.
- Help clients with bathing, dressing and safe transfers using [equipment, for example a gait belt or lift].
- Write visit notes in [the agency's app or paper log] after every visit.
- Report changes in a client's condition to the care coordinator the same day.

[Caregiver for a family member, or a previous job]
[City, State] | [Month Year] to [Month Year]

- Cared for [relationship, for example a parent] at home for [length of time], including meals, medication reminders and appointments.

AVAILABILITY AND TRAVEL

[The days and hours you can work]. [Own car with a valid driver's license, if you have one]. Able to travel to clients within [number] miles.

EDUCATION

[High school name, or GED program], [City, State]
[High school diploma or GED], [Year]