

Visiting Angels

CAREGIVER APPLICATION

Visiting Angels is an equal opportunity employer, dedicated to a policy of non-discrimination on any basis including race, color, age, sex, religion, disability, national origin or marital status. All information on this application is confidential.

General Contact Info

Last Name:	First Name:	Middle Int.:
Address:		Apt #:
City:	State:	Zip:
Home Phone:	Cell Phone:	
E-Mail:		Date:

Position & Availability

I'm applying for a position as:			
Hours you are available:	Schedule Desired:	Times Not Available:	Are you available for emergencies?
Are you available for 24hr live-in position? Yes <input type="checkbox"/> No <input type="checkbox"/> 3 Days <input type="checkbox"/> 4 Days <input type="checkbox"/> 5 Days <input type="checkbox"/>			
Hourly Wage Required:		Are you a legal US citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you eligible to work in the US? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Comments:			

Transportation

<i>Some caregiving positions require a valid driver's license or a car, including valid insurance coverage.</i>		
Do you have a valid license? Yes <input type="checkbox"/> No <input type="checkbox"/>	State:	
Do you have a car? Yes <input type="checkbox"/> No <input type="checkbox"/>	Make & Model:	
If yes, do you have valid insurance? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Proof of Insurance (see attached photocopy)		

Education

High school:	City/State:	Dates:
College:	City/State:	Dates:
Other:	City/State:	Dates:
Degree/certification:		
Special skills or training:		

Experience

Discuss any training or experience you've had with the elderly:
What do you enjoy most about working with the elderly?
What do you like the least about working with the elderly?

Criminal History

Have you ever been convicted of a felony or misdemeanor? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please explain:

Emergency Contact Information

Name:	Relationship:
Phone (cell):	Phone (home):

Employment History

Current Employer:	May we contact your current employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Company:	From:	To:
Job Title:	Reason for leaving?	
Duties:		
Supervisor:	Phone number:	

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Job Title:	Reason for leaving?	
Duties:		
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Job Title:	Reason for leaving?	
Duties:		
Supervisor:	Phone number:	

Certification and Release: I certify the above stated and indicated are true in fact and no misrepresentation of myself has been made. I understand that any false information, omissions or misrepresentation of facts will result in rejection of this application and/or discharge at any time during employment. I authorize Visiting Angels to verify any and all information contained within this application, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies & law enforcement authorities to release any information concerning my background & hereby release any said persons, schools, companies & law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment and that I am willing to submit to drug testing at any time to detect the use of illegal drugs prior to or during employment.

Restrictive Covenant: I agree not to do business directly with any individual or business entity that Visiting Angels has introduced to me or by entering into employment with such individuals or businesses.

Applicant's Signature: _____ Date: _____

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For Office Use Only

Application
Reviewed By: _____ Date: _____

CG Interviewed By: _____ Date: _____

Visiting Angels

CRIMINAL BACKGROUND CHECK AUTHORIZATION

PLEASE COMPLETE THIS FORM LEGIBLY- failure to do so may delay your application process!

Applicant name: First, Middle and Last _____

SSN _____ Sex _____ Race _____

Maiden name or other name used _____ Date of Birth _____

Driver's License number _____ License State _____

Current address _____

Phone number _____

(Information regarding DOB, race and sex is used solely for purposes of identification in connection with the data-base search. It is not used for any other purpose)

Have you ever been convicted of a misdemeanor or felony criminal offense: Yes No

If you answer YES, please provide details for each such conviction, including the date of conviction, the name of the offense, whether the offense was a misdemeanor or felony, the disposition and the jurisdiction in which the conviction occurred.

You must report each and every conviction, regardless of the date of the conviction, and regardless whether the conviction arose from a trial, guilty plea or no contest plea. It is your responsibility to make sure that the information you provide is accurate and complete. If you are hired and we determine that you failed to accurately report your criminal history, your employment will be terminated.

AUTHORIZATION TO CONDUCT CRIMINAL BACKGROUND CHECK

I certify that all of the above information is true and correct to the best of my knowledge, information and belief. As a condition of my application for employment, I hereby authorize Visiting Angels to conduct any and all criminal background checks and/or motor vehicle driver's screenings on me that Visiting Angels deems appropriate. I also agree that Visiting Angels may hire or retain third parties to perform such criminal background checks. Further, I authorize the custodian of any records or information relating to my criminal history to release any and all records and information regarding my criminal history to Visiting Angels and/or its agents. In the event that I am hired, I understand and agree that Visiting Angels and/or its agents may, from time to time, conduct additional criminal background checks on me without further notice to me.

Applicant Signature _____ Date _____

Visiting Angels

CAREGIVER AVAILABILITY

NAME _____ DATE _____ EMAIL _____

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
DAYTIME							
EVENING							
NIGHT							
OVERNIGHT							
24-HR LIVE-IN							

Please indicate any factors that may affect your availability: _____

- | | | | |
|---|-----|----|---|
| Will you work with smokers present? | Yes | No | |
| Do you have any allergies? | Yes | No | Restrictions if applicable: _____ |
| Will you work with animals in the home? | Yes | No | Restrictions if applicable: _____ |
| Do you have Hospice experience? | Yes | No | Personal (years:___) Professional (years:___) |
| Do you have Dementia experience? | Yes | No | Personal (years:___) Professional (years:___) |
| Do you have Alzheimers experience? | Yes | No | Personal (years:___) Professional (years:___) |

I agree that the above availability can be used in scheduling my assignments. I will update the office with any changes to this availability immediately. I understand that if I repeatedly turn down assignments that fall within my available schedule, I may not be called upon for future assignments.

Signature _____ Date _____