



CAREGIVER APPLICATION FOR EMPLOYMENT

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. This application is not an offer of employment.

Name:		Date:	
Address:		# of years:	
City:	State:	Zip:	Own or Rent?
Date of Birth:		Social Security Number:	
Telephone:		Cell Phone:	

Emergency Contact Information:			
Name:		Phone:	
Address:		Relationship:	
City:	State:	Zip Code:	
I am applying for a position as: Caregiver <input type="checkbox"/> Office Staff <input type="checkbox"/>			

Have you ever been convicted of any felony or misdemeanor? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, details must be provided here:	

Criminal Background Check to be completed by office staff.		
Results:	No Record <input type="checkbox"/> Record <input type="checkbox"/>	Date:
Details:		

Transportation: Some caregiving positions require either a car or valid driver's license, including current and valid insurance coverage.		
Do you have an automobile? Yes <input type="checkbox"/> No <input type="checkbox"/>		Make & model:
Auto license number:	State:	Drivers license number:
Insurance company:		Insurance agent phone:
Insurance agent name:		Insurance policy number:

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Hours you are available	Hours desired	Times not available	Are you available for emergencies? Yes No <input type="checkbox"/> <input type="checkbox"/>
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Are you available for 24 hr live-in position? Yes No 3 day 4 day 5 day

Hourly wage required:

Personal comments:

Education:

High school	City/State:	Dates:
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College	City/State:	Dates:
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Other:	City/State:	Dates:
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Degrees/certificates:

Special skills or training:

Name, addresses, telephone numbers for any non-profit, volunteer organizations affiliated with.

Experience:

Discuss all training or experience with seniors/elderly individuals:

What do you like the most about working with seniors/elderly individuals?

What do you find the least desirable about working with seniors/elderly individuals?

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<p>Employment History: Please go back at least five years and tell us about your work history. Use reverse side of sheet if additional information needs to be provided.</p>		
<p>May we contact your current employer to verify your employment history? Yes <input type="checkbox"/> No <input type="checkbox"/></p>		
<p>Company: City:</p>	<p>From:</p>	<p>To:</p>
<p>Job Title:</p>	<p>Why did you leave?</p>	
<p>Duties:</p>		
<p>Supervisor:</p>	<p>Phone:</p>	
<p>Company: City:</p>	<p>From:</p>	<p>To:</p>
<p>Job Title:</p>	<p>Why did you leave?</p>	
<p>Duties:</p>		
<p>Supervisor:</p>	<p>Phone:</p>	
<p>Company: City:</p>	<p>From:</p>	<p>To:</p>
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<p>Company: City:</p>	<p>From:</p>	<p>To:</p>
<p>Job Title:</p>	<p>Why did you leave?</p>	
<p>Duties:</p>		
<p>Supervisor:</p>	<p>Phone:</p>	

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Personal References:			
Name:	Address	Years known/Relationship	Telephone
Name:	Address	Years known/Relationship	Telephone
Name:	Address	Years known/Relationship	Telephone
Name:	Address	Years known/Relationship	Telephone
Name:	Address	Years known/Relationship	Telephone

Are you a legal citizen of the United States of America? Yes <input type="checkbox"/> No <input type="checkbox"/>

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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