



## **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.

**Please fill out all fields completely for application to be considered and fax to (248) 341-3518.**

# CAREGIVER APPLICATION FOR EMPLOYMENT

Name:		Date:	
Address:		# Of years:	
City:	State:	Zip:	Own or Rent?
Previous address if under 5 years:			
Telephone:		Social Security Number:	

<b>Emergency Contact Information:</b>			
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:	

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

<b>Transportation: Caregiving positions require reliable transportation, including current and valid insurance coverage.</b>	
Do you have an automobile?    Yes <input type="checkbox"/> No <input type="checkbox"/>	Make & model:
Auto license number:	State:
Insurance company:	Insurance agent phone:
Insurance agent name:	Insurance policy number:

## CAREGIVER APPLICATION FOR EMPLOYMENT

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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 Overnights? Yes  No

If answered yes, what overnight shifts would you prefer?

Personal comments:

**Education:**

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

Degrees/certificates:

Special skills:

Training(s):

**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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*Continued*

<p><b>Employment History:</b> 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>		
Company:	From:	To:
Job Title:	Why did you leave?	
Duties:		
Supervisor:	Phone:	
Company:	From:	To:
Job Title:	Why did you leave?	
Duties:		
Supervisor:	Phone:	
Company:	From:	To:
Job Title:	Why did you leave?	
Duties:		
Supervisor:	Phone:	
Company:	From:	To:
Job Title:	Why did you leave?	
Duties:		
Supervisor:	Phone:	

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**Personal References:**

Name:	Address	Years known/Relationship	Telephone
Name:	Address	Number of years	Telephone
Name:	Address	Number of years	Telephone
Name:	Address	Number of years	Telephone
Name:	Address	Number of years	Telephone

**Please answer the following:**

1. I arrive at the Client's home and there is no answer, I would \_\_\_\_\_  
\_\_\_\_\_
2. A Client has asked me to stay one hour later than my assigned shift, I would \_\_\_\_\_  
\_\_\_\_\_
3. Upon arrival at the Client's home, I find Him/Her on the floor, I would \_\_\_\_\_  
\_\_\_\_\_
4. Upon arrival at the Client's home, I am asked to leave, I would \_\_\_\_\_  
\_\_\_\_\_
5. I am comfortable working with Client's that are incontinent: Yes      No
6. The Client asks me for my phone number, or asks that I take theirs, I would \_\_\_\_\_  
\_\_\_\_\_
7. The Client asks me to work on a day that I am not scheduled, I would \_\_\_\_\_  
\_\_\_\_\_

Are you a legal citizen of the United States of America?      Yes       No

**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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