

CAREGIVER APPLICATION

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

GENERAL CONTACT INFORMATION

Last Name:	First Name:	Middle IN:
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"/>			
What is your desired hourly wage?			
Are you eligible to work in the US? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Comments:			

TRANSPORTATION

Caregiving positions require a valid driver's license and for you to own or have access to a motor vehicle, including valid insurance coverage.	
Do you have a valid license? Yes <input type="checkbox"/> No <input type="checkbox"/>	State:
Do you have a motor vehicle? Yes <input type="checkbox"/> No <input type="checkbox"/>	
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:	Years Completed:
College:	City/State:	Years Completed:
<i>Degree(s) Received</i>		
Other:	City/State:	Years Completed:
Certification(s):		
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?

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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Duties:		
Supervisor:	Phone number:	

CERTIFICATION & 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, 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.

I understand that employment with Visiting Angels at all times is at will and may be terminated by Visiting Angels or myself at any time for any reason and with or without cause or notice.

Applicant's Name: _____ Date: _____
 (Please Print)

Applicant's Signature: _____ Date: _____

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FOR OFFICE USE ONLY

Application Reviewed By: _____

Date: _____

CG Interviewed By: _____

Date: _____