

# 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

<b><i>Some caregiving positions require a valid driver's license or a car, including valid insurance coverage</i></b>		
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?	
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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*

## **Skills Inventory Checklist**

**Please read carefully, check all that apply**

**Preferences: (please check those you prefer or will work with)**

**MALE**

**FEMALE**

**SMOKERS**

**ALCOHOL USERS**

**PETS**

**CATS (including changing litter box)**

**DOGS**

**OTHER: \_\_\_\_\_**

**Please list all allergies: \_\_\_\_\_**

**Experiences: (check those you have worked with)**

**HOSPICE**

**HEAD INJURY**

**DEMENTIA**

**PARKINSON'S**

**STROKE**

**PSYCHIATRIC DISORDERS**

**QUADRIPLEGIC**

**PARAPLEGIC**

**BED BOUND**

**OTHER: \_\_\_\_\_**

**Lifting Restrictions?  NO  YES (# of lbs you can lift) \_\_\_\_\_**

**Can you demonstrate how to properly transfer a patient?  YES  NO**

**Experience with adaptive equipment:**

**WHEELCHAIR**

**BEDSIDE COMMUNE**

**TUB BENCH/SHOWER CHAIR**

WALKER       GAIT BELT       RAISED TOILET SEAT  
 ELECTRIC LIFT CHAIR    HOYER LIFT       ELECTRIC       MANUAL  
 ELECTRIC SCOOTER

**Able to assist with:**

TOILET       HAIR SHAMPOOING       VACUUM  
 BATHING       MAKE UP       SWEEP  
 BED BATH       MANICURES       DISH WASHING  
 TOOTH BRUSHING       MAKING BEDS       LAUNDRY  
 CHANGING LINENS       COOKING    TIDYING UP       WALKING

**TRANSPORTATION:**

ABLE TO DRIVE A CAR  
 CAN ASSIST WITH SHOPPING AND ERRANDS

\*Current Drivers License in Texas?  YES  NO

# of moving violations in past 3 years (speeding tickets)

# of accidents in past 3 years

other violations (do not need to list, but will not be able to drive client)

proof of insurance coverage for your car (your name insurance card)

**\*INFORMATION NEEDED IF CAREGIVER WILL BE DRIVING THE CLIENT  
SPECIAL SKILLS/HOBBIES/INTEREST:**

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**PLEASE LIST ALL LANGUAGES YOU ARE FLUENT WITH:**

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**WOULD YOU BE WILLING TO WORK AN OUT OF TOWN ASSIGNMENT?**

**YES**

**NO**

*Visiting Angels*  
Caregiver Availability Information

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Home#: \_\_\_\_\_ Cell#: \_\_\_\_\_

**Weekdays:**

Monday:           Hours:       Day \_\_\_\_\_ Evening \_\_\_\_\_ Night \_\_\_\_\_  
12 Hour Shifts:    AM Shift \_\_\_\_\_ PM Shifts \_\_\_\_\_

Tuesday:           Hours:       Day \_\_\_\_\_ Evening \_\_\_\_\_ Night \_\_\_\_\_  
12 Hour Shifts:    AM Shift \_\_\_\_\_ PM Shifts \_\_\_\_\_

Wednesday: Hours:       Day \_\_\_\_\_ Evening \_\_\_\_\_ Night \_\_\_\_\_  
12 Hour Shifts:    AM Shift \_\_\_\_\_ PM Shifts \_\_\_\_\_

Thursday:  Hours:       Day \_\_\_\_\_ Evening \_\_\_\_\_ Night \_\_\_\_\_  
12 Hour Shifts:    AM Shift \_\_\_\_\_ PM Shifts \_\_\_\_\_

Friday:            Hours:       Day \_\_\_\_\_ Evening \_\_\_\_\_ Night \_\_\_\_\_  
12 Hour Shifts:    AM Shift \_\_\_\_\_ PM Shifts \_\_\_\_\_

Saturday:           Hours:       Day \_\_\_\_\_ Evening \_\_\_\_\_ Night \_\_\_\_\_  
12 Hour Shifts:    AM Shift \_\_\_\_\_ PM Shifts \_\_\_\_\_

Sunday:            Hours:       Day \_\_\_\_\_ Evening \_\_\_\_\_ Night \_\_\_\_\_  
12 Hour Shifts:    AM Shift \_\_\_\_\_ PM Shifts \_\_\_\_\_

Willing to work entire weekends, IE. from Saturday Am to Monday AM (48 hours)  
\_\_\_\_\_ Y or \_\_\_\_\_ N

*Please update your availability for work as your personal circumstances change.*