



VISITING ANGELS HOLLYWOOD HILLS

3349 Cahuenga Blvd. West, Suite 2A
 Los Angeles, CA 90068
 323-882-6050

CONFIDENTIAL VISITING ANGELS PERSONAL CARE ATTENDANT/CAREGIVER QUESTIONNAIRE

Please complete the following information in order to be considered for a personal care attendant/caregiver position with VISITING ANGELS. This information will remain confidential and nothing will be divulged which is not authorized by you.

Applicant Note: This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process, or if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination based on sex, marital status, race, color, age, creed, national origin, sexual orientation, military reserve membership, ancestry, religion, height, weight, use of a guide or support animal because of blindness, deafness or physical handicap, or the presence of disabilities. A conviction will not necessarily bar an applicant from employment.

APPLICANT INFORMATION			
Last Name	First	Middle	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
How many years at this address?	Have you used any other names? If so, please list:		
Previous address (if less than 5 years at current address)	Address:	City, State, Zip:	
Years at this address?			
Home Phone	Cell Phone		
E-mail Address			
Are you legally authorized to work in the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?
Have you ever worked for any Visiting Angels agencies?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, where &
Have you ever been convicted of a crime?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain
Please check the following geographical locations in which you can work and are willing to travel to:			
_____ L.A. County Cities _____ Hollywood Area _____ Northeast Los Angeles _____ San Gabriel Valley _____ San Fernando Valley _____ East Los Angeles areas _____ All			
I am not willing to travel more than _____ miles to a clients home (please fill in the # of miles)			
How did you hear about our agency?			
Have you previously worked with senior citizens in a <u>private duty setting</u> ? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, how long?			

Please tell us why you want to work with Seniors?

JOB RELATED SKILLS

Language(s) (in addition to English)

Sign Language

Car (year/make/model/color)

2 door 4 door

If you do not drive, what will be your primary means of getting to/from work?

Bus Rides

Smoker? Non Smoker? Willing to work in a smoking environment? Yes? No?

Cooking Skills None Basic Average Gourmet

Housekeeping Experience

Female Client OK Male Client OK

Animals OK No Animals

How much can you support for transfers?
_____ lbs.

Certifications: CNA HHA CPR

First Aid Other certifications (please list)

Have you been live-scan fingerprinted? _____

Have you received HBV inoculations? _____

Have you had a negative TB skin test within the past year? _____

If your skin test was positive, have you had a clear Chest x-ray within the past 3 years? _____

MEDICAL EQUIPMENT & EXPERIENCE

(Please check only those in which you have had previous experience or training):

NONE Able to check Blood Pressure/Pulse/Temp Bed Board/Transfer Board Colostomy Care Dementia or Alzheimer's Exp.

Diaper Changing Feeding Tube Gait Belt Hygiene/Bathing

Glucose Monitor/Diabetics Hospice Patients Mechanical lift (Hoyer)

Oxygen Tank Massage/ROM exercises Non-ambulatory patients

"Stand-up" lift (Ex:SARA lift) Transfer Exp. Others _____

AVAILABILITY

Start Date: _____ How many hours per week are you available for work? _____

What shifts are you available? Days Evenings Nights Overnights

Which days and the times of days?

Monday _____ Tuesday _____ Wednesday _____

Thursday _____ Friday _____ Saturday _____

Sunday _____ Flexible as to days & times

I understand that the basis of my hiring is on the schedule I have provided. Should my schedule change there is no guarantee of work within my new availability. (Please Sign: _____)

What position are you seeking? All

Full time Part Time Angel

Calls (1-2 hours bath visits)

CNA HHA Companion

Driver for errands/Dr Appt.

What are 3 situations that may occur that would prevent you from getting to your shift on time? (for example: no transportation, sick family member, weather)

- 1.
- 2.
- 3.

What are 3 solutions to these situations that would ensure you will be at work on time?

- 1.
- 2.
- 3.

PREVIOUS EMPLOYMENT			
Most Recent Employer			
Company (or patient's name if private client)		Phone	
Address & City		Supervisor (or family member's name and relationship)	
Patient Diagnosis:		Salary	\$
Duties:			
From	To	Reason for Leaving	
May we contact this employer for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Second most Recent Employer			
Company (or patient's name if private client)		Phone	
Address & City		Supervisor (or family member's name and relationship)	
Patient Diagnosis:		Salary	\$
Duties:			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

EMERGENCY CONTACTS			
Name	Address	Phone	Relationship

REFERENCES

Please list three professional references.

Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

RESTRICTIVE COVENANT

You agree not to circumvent or bypass the agency's rights by doing business directly with any individual or business entity whom we have introduced to you (or by entering into employment with such individuals or business entities) without our advance written consent. By signing this application, you agree that you will not make nor accept any offers of employment with such individuals or business entities for a period of 2 years after your final work day through VISITING ANGELS for such individual/business entity. If this agreement is breached, you agree to pay VISITING ANGELS as liquidated damages and not as a penalty the sum of \$5,000.00 as compensation for the losses incurred as a result of this breach of agreement.

You hereby authorize VISTING ANGELS HOLLYWOOD HILLS to run state, county, federal criminal checks, social security # trace checks, driving records, previous employment reference checks and credit checks to determine your qualifications for referrals to our clients. You may request a copy of the report for your records.

CERTIFICATION AND RELEASE

I certify that I have read and understand the applicant note on page one of this form and the answers given by me to the forgoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application, whether on this document or not, may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer reporting bureaus to verify any of this information. I release all former or current employers, persons, schools, companies and law enforcement authorities reporting bureaus, from any liability for any damages whatsoever for issuing this information. I understand that if I circumvent or bypass the agency's rights by doing business directly with any individual or business entity to whom VISITING ANGELS has introduced to me, or enter into employment with such individuals without the advance written consent of VISITING ANGELS, that I will be subject to legal action and/or liquidation damages. I also understand that the use of illegal drugs during employment is strictly prohibited, and such use will be cause for my immediate termination and may prompt legal proceedings against me.

Signature

Date

