

## 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:	
Social Security Number:		
E-Mail:		Date:

\*E-mail is required for background check and Direct deposit. Assistance available if needed to set up

### 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"/>		

**Education**

High school:	City/State:
College:	City/State:
Other:	City/State:
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?	
Duties:		
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**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.

I hereby authorize a review and full disclosure of all records, or any part thereof, to any duly authorized agent of **Visiting Angels**, whether the said records are public or private, and including those which may be deemed to be of a privileged or confidential nature, and I release all persons from liability on account of such disclosure.

The intention of this authorization is to provide information that will be considered in determining my suitability for employment with **Visiting Angels**.

On your part, by your signature subscribed below, you hereby authorize this company, or any one authorized by it for such purpose, to make either oral or written inquiry of the nature described above and authorize any company or person of whom such inquiry is made to respond to such inquiry either orally or in writing, or in any manner. Further, to facilitate and expedite such inquiries, the undersigned hereby authorizes the reproduction of this paper and its submission to any employer or other person of whom the above inquiries are made.

I hereby authorize Visiting Angels to deduct from my 1<sup>st</sup> paycheck in the total amount of \$45.00 for the cost of my background screening and processing. I understand that after working for 60 days for Visiting Angels that I may request a FULL reimbursement of this fee.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## STATEMENT OF EMPLOYABILITY

By execution of this document, I acknowledge that I have been informed by Visiting Angels that a criminal history check will be performed on my name. I have informed this agency of all names (i.e. maiden, aliases) that I have used in the past. I understand that I could be employed on an emergency basis and that my employment is temporary pending the results of the criminal history check.

I have not been convicted of the following crimes:

- Assault, battery or assault and battery with a dangerous weapon;
- Aggravated assault and battery;
- Murder or attempted murder;
- Manslaughter, except involuntary manslaughter;
- Rape, incest or sodomy;
- Indecent exposure or indecent exhibition;
- Pandering;
- Child abuse;
- Abuse, neglect, or financial exploitation of any person entrusted to my care or possession;
- Burglary in the first or second degree;
- Robbery in the first or second degree;
- Robbery or attempted robbery with a dangerous weapon, or imitation firearm;
- Arson in the first or second degree;
- Unlawful possession or distribution, or distribute unlawfully, Schedule 1 through V drugs as defined by the Uniform Controlled Dangerous Substances Act;
- Grand larceny;
- Petty larceny or shoplifting within the past seven (7) years.

I understand that all information obtained by this agency regarding my criminal history will remain confidential.

I certify that the information on this form contains no willful misrepresentation and that the information given is true and complete to the best of my knowledge.

<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Caregiver's Name (Print)	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Caregiver's Signature	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Date
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**VISITING ANGELS RELEASE OF INFORMATION**  
**(Caregiver- Only Sign & Date This Form- Leave Everything Else Blank!)**

To: \_\_\_\_\_

Re: \_\_\_\_\_

Soc. Sec. # \_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_

I hereby give permission for you to release employment information requested below to

**Visiting Angels**

**2929 South Grand Ave Carthage, MO 64836**

[Caregiver- SIGN & DATE HERE]→ \_\_\_\_\_  
Signature Date

**Dear Employer:**

The above-named person has applied to **Visiting Angels** for employment as a Caregiver.

Your estimate of the applicant's abilities will help us determine whether he/she can fulfill the requirements of the job. We would appreciate your response to the questions below.

Thank you for your assistance.

\_\_\_\_\_  
**Visiting Angels Staff Signature**

Are the above dates of employment correct?

Yes	No
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Position Held: \_\_\_\_\_

Re-Hirable: \_\_\_\_\_ Name of Person completing form: \_\_\_\_\_

Do you have any comments about this potential employee? \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_