



HOME SERVICE WORKER APPLICATION

Home Care Angels is an equal opportunity Home Service Agency. We consider applicants for referral without regard to race, color, religion, sex, national origin, age, marital status or sexual orientation, veteran status, the presence of a medical condition or disability unrelated to the ability to perform with or without a reasonable accommodation, or any other legally protected status under applicable law.

Today's Date: _____

Original Application Date if Applicable: _____

PERSONAL INFORMATION

Name _____
Last First Middle

Address _____
Number Street City State Zip Code

Home Phone: _____ Social Security Number: _____

Cell Phone: _____ Do you use E-Mail? Yes ___ No ___

Are you able to receive text messages? Yes ___ No ___ E-Mail address: _____

How were you referred to us? Name: _____

EMPLOYMENT INFORMATION

Position Desired: _____

Date of Fingerprints: _____

What if any certifications do you have? _____

Home Care Angels will need a copy of your certificate and/or courses completed.

How long have you been a caregiver? _____

Shift Preference: Live-In ___ Come and Go ___ Part-Time ___ Full-Time ___

Date Available to begin work: _____

Which of these situations are you WILLING to work with?

Smoking: Yes ___ No ___ Pets: Yes ___ No ___ Children/Family: Yes ___ No ___

Do you possess a valid driver's license? Yes ___ No ___

Are you willing to take a job out of your area? (Suburbs or City) Yes ___ No ___

Do you drive your own car? Yes ___ No ___

If yes, do you have transportation to get to the client's location? Yes ___ No ___

Why do you want to work as a caregiver? _____

EXPERIENCE

Have you ever worked with the following issues? Place a check-mark to the right of all applicable:

Dementia _____ Congestive Heart Failure _____ Physically Handicapped _____
Parkinson's disease _____ Emphysema/COPD _____ Cancer _____
Diabetes _____ Multiple Sclerosis _____ Mentally Handicapped _____
Stroke _____ Catheter/Colostomy _____ Hospice _____
Hoyer Lift _____ Transferring w/gate belt _____

Are you willing and able to assist client who needs help in transferring? Yes _____ No _____

Do You Know How to Cook? Yes _____ No _____ Have You Cook American Food? Yes _____ No _____

What type of cook would you consider yourself? Excellent _____ Good _____ Bad _____

Have cooked for a client before? Yes _____ No _____ How long have you been cooking? _____

List some American foods you can prepare: _____

EMPLOYMENT ELIGIBILITY

Are you employed currently? Yes _____ No _____

If yes, please give your available days and hours: _____

Are you over the age of 18? Yes _____ No _____

Have you been convicted of a felony? (Other than a minor traffic offense) Yes _____ No _____

If yes, please give details: _____

*(Such conviction may be relevant if job related, but does not automatically disqualify your referral.
All circumstances such as age at the time of the offense and the seriousness of the crime will be considered.)*

EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	DID YOU GRADUATE	COURSE OF STUDY	DEGREE/ CERT.
High School				
GED Equivalent				
College				
Certification				

Training

Have you had Illinois Department of Public Health required training: Yes _____ No _____

If Yes, How Current: _____
Month/Year

Where did you receive this training? _____
Agency Name/ Agency Phone Number

EMPLOYMENT EXPERIENCE

(List last three employers, starting with your present or most recent one.)

Client or Agency Name: _____

City & State: _____

How were you hired for this position? Through an Agency: _____ Direct Hire: _____

How long did you work here: _____ Position held: _____
(In months & years)

Starting Date: _____ Ending Date: _____ Live- In _____ Come and Go _____ Part Time _____ Full Time _____

Job Duties: _____

Reason for Leaving: _____

May we contact? Yes _____ No _____

Name of Person to Contact: _____ Phone: _____

Client or Agency Name: _____

City & State: _____

How were you hired for this position? Through an Agency: _____ Direct Hire: _____

How long did you work here: _____ Position held: _____
(In months & years)

Starting Date: _____ Ending Date: _____ Live- In _____ Come and Go _____ Part-time _____ Full Time _____

Job Duties: _____

Reason for Leaving: _____

May we contact? Yes _____ No _____

Name of Person to Contact: _____ Phone: _____

Client or Agency Name: _____

City & State: _____

How were you hired for this position? Through an Agency: _____ Direct Hire: _____

How long did you work here: _____ Position held: _____
(In months & years)

Starting Date: _____ Ending Date: _____ Live- In _____ Come and Go _____ Part-time _____ Full Time _____

Job Duties: _____

Reason for Leaving: _____

May we contact? Yes _____ No _____

Name of Person to Contact: _____ Phone: _____

REFERENCES

Give work related or personal references

Name _____

Phone _____

Work Relationship _____

Years of acquaint ship _____

Name _____

Phone _____

Work Relationship _____

Years of acquaint ship _____

Name _____

Phone _____

Work Relationship _____

Years of acquaint ship _____

EMERGENCY CONTACT

Name _____

Home Phone _____

Address _____

Cell Phone _____

TERMS OF EMPLOYMENT – PLEASE READ THE FOLLOWING CAREFULLY

1. I, the undersigned, state that all information given by me in this application is true to the best of my knowledge.
2. I authorize Home Care Angels II, LLC (herein called HCA) to verify such information and to contact any reference given by me and release the Company from any and all claims arising from such verification and reference efforts. :
3. I agree that my referral may be contingent upon my meeting all placement considerations, including medical requirements.
4. I understand and agree that a referral is contingent upon satisfactory proof of my authorization to work in the United States.
5. I also understand that falsification of this information in connection with employment maybe grounds for immediate removal from a client regardless of when such falsification is discovered.

These conditions apply to this application for referral at this time and apply also to any future referrals with Home Care Angels II, LLC.

Signature of Applicant _____ Date: _____

FOR OFFICE USE ONLY

Date Interviewed: _____ / _____ / _____
Documentation verified _____
Position: _____
Client: _____
Salary: _____

Photography Release and Waiver

For valuable consideration received, I give Home Care Angels II, LLC the revocable right to use my picture or photograph in all forms, media and manners, without restriction as to change or alterations, for advertising, trade, promotion, exhibition, or any other lawful purpose.

I waive any right to inspect or approve the photographs or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the photographs.

I am 18 years of age and am competent to sign this release. I have read this release and waiver and am fully familiar with its contents.

Name of person in photograph: _____
(PLEASE PRINT NAME)

Address: _____

Signature: _____

Date: _____

FOR OFFICE USE ONLY

Caregiver Name: _____

Reference: Check

1st Reference Date: _____

Client's name: _____

Contact person: _____

How long did he/she work for you? _____

Were you happy with the job done? _____

Can you tell me any special qualifications? _____

Would you refer them to someone else? _____

2nd Reference Date: _____

Client's name: _____

Contact person: _____

How long did he/she work for you? _____

Were you happy with the job done? _____

Can you tell me any special qualifications? _____

Would you refer them to someone else? _____

3rd Reference Date: _____

Client's name: _____

Contact person: _____

How long did he/she work for you? _____

Were you happy with the job done? _____

Can you tell me any special qualifications? _____

Would you refer them to someone in need: _____

4th Reference Date: _____

Client's name: _____

Contact person: _____

How long did he/she work for you? _____

Were you happy with the job done? _____

Can you tell me any special qualifications? _____

Would you refer them to someone in need: _____

5th Reference Date: _____

Client's name: _____

Contact person: _____

How long did he/she work for you? _____

Were you happy with the job done? _____

Can you tell me any special qualifications? _____

Would you refer them to someone in need: _____

Manager use only – Used during Interview

Name of Potential Caregiver:

Date of Birth:

Date of Interview:

Schedule Availability:

Schedule Preference:

Personnel Related Information:

Client Related Information: