

# Angel Touch Home Care Personal Care Employment Application

By filling out this application and questionnaire, you are applying for employment at Angel Touch Home Care. This Company is dedicated to a policy of non-discrimination of applicants on any basis including race, color, age, sex, religion, disability, medical condition, national origin, or marital status.

Your Full Name		Date	
Street Address		City	State      Zip
How long have you been at this current address?	Home Phone  Cell Phone	Tax ID / SSN #	Do you smoke? <input type="checkbox"/> yes <input type="checkbox"/> no
Date of Birth (Optional)	Email Address	How did you hear about us:	

<b>Alternate Contact</b>	
Name	Phone
Address	Relationship

Are you currently employed? If Yes, Explain. <input type="checkbox"/> Yes      Explain: <input type="checkbox"/> No
Have you ever been convicted of a misdemeanor or felony? If Yes, provide details <input type="checkbox"/> yes <input type="checkbox"/> no      Details:

<b>Transportation</b> Most clients require transportation, often using their own vehicle:		
Do you have dependable transportation? <input type="checkbox"/> yes <input type="checkbox"/> no	Make and model car	
License plate #	Driver license #	Auto insurance policy #
Insurance company	Insurance agent name	Insurance agent phone

<b>Availability</b>			
Appx. hours per week available:	Days/Times you <b>are</b> available	Days & times <b>not</b> available	Can you be called at the last minute in case of emergency? <input type="checkbox"/> yes <input type="checkbox"/> no
Are you available for 24-hour live-in care?			

<b>Education – Special Training</b>		
High school	City/State	Dates
College	City/State	Dates
Other	City/State	Dates
Degrees/certificates – All Degrees / Certificates must be presented copy. All will be verified with provider/issuer.		
Special skills or courses – Any skills that assist in making you qualified as a		

<b>What is Your Past Experience?</b>
Discuss any training or experience working with older adults. How are you trained and/or experienced in working with the elderly?
What do <i>YOU</i> do that shows and proves you're Reliable, Trustworthy and Honest?

What would you like least about working with older adults?

**Skills for Personal Care Employees**

Please indicate which of the following skills you are prepared to provide if referred to seniors / families:

Companion Care & Safety	<input type="checkbox"/> yes <input type="checkbox"/> no	Medication reminders	<input type="checkbox"/> yes <input type="checkbox"/> no	Oral Care	<input type="checkbox"/> yes <input type="checkbox"/> no
Alzheimer's/ Dementia	<input type="checkbox"/> yes <input type="checkbox"/> no	Transportation	<input type="checkbox"/> yes <input type="checkbox"/> no	Shaving Assistance	<input type="checkbox"/> yes <input type="checkbox"/> no
Indoor plant care	<input type="checkbox"/> yes <input type="checkbox"/> no	Bathing (Reg., bed, sponge)	<input type="checkbox"/> yes <input type="checkbox"/> no	Assist w / P.T. Exercises	<input type="checkbox"/> yes <input type="checkbox"/> no
Meal Prep / Clean Up	<input type="checkbox"/> yes <input type="checkbox"/> no	Dressing/ Grooming	<input type="checkbox"/> yes <input type="checkbox"/> no	Assist w/ Prosthesis	<input type="checkbox"/> yes <input type="checkbox"/> no
Speak fluent English	<input type="checkbox"/> yes <input type="checkbox"/> no	Incontinence	<input type="checkbox"/> yes <input type="checkbox"/> no	Hospice	<input type="checkbox"/> yes <input type="checkbox"/> no
Light Housekeeping	<input type="checkbox"/> yes <input type="checkbox"/> no	Ambulation	<input type="checkbox"/> yes <input type="checkbox"/> no	Willing to Work w/Pets	<input type="checkbox"/> yes <input type="checkbox"/> no
Laundry	<input type="checkbox"/> yes <input type="checkbox"/> no	Transfer assist	<input type="checkbox"/> yes <input type="checkbox"/> no	Other _____	

**Work History**

Please provide at least five years of recent, verifiable work history followed by verifiable references.

Company	From	To
Job title	Reason left	
Duties		
Supervisor	Phone	
Company	From	To
Job title	Reason left	
Duties		
Supervisor	Phone	
Company	From	To

Job title	Reason left
Duties	
Supervisor	Phone
<b>Why Do You Feel You Would Be An Excellent Addition to Our Team?</b>	

<b>Business   Professional References</b>			
Name	Address	Relationship/Years Known	Local Phone #
Name	Address	Relationship/Years Known	Local Phone #
Name	Address	Relationship/Years Known	Local Phone #

<b>Character &amp; Personal References</b>			
Name	Address	Relationship/Years Known	Local Phone #
Name	Address	Relationship/Years Known	Local Phone #
Name	Address	Relationship/Years Known	Local Phone #

<b>Please list person who will always know how to reach you</b>			
Name	Address	Phone:	Email:

**CERTIFICATION AND RELEASE:** I certify that I have read and understand the general requirements of Independent Care Contractors/Providers on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I completely understand that I am submitting this Application as an interested Adult Transitional Care Provider and that by submitting this there is no guarantee for employment. I understand that any false information, omissions, or misrepresentation of facts called for in this application may result in rejection of my application and/or termination. I authorize the company and/or its agents, including consumer reporting bureaus, to verify any information including, but not limited to, work, criminal and credit history and motor vehicle driving records. I authorize all persons, schools, companies, and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies, and law enforcement authorities from any liability for any damage whatsoever for issuing this information.

Signature

Date

**Our Office Use Only** – Interview/Comments/Reference Check /Notes