



REFERRAL APPLICATION

Home Care Angels Inc. is an equal opportunity referral 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.

PERSONAL INFORMATION

Date: _____

Name _____
Last First Middle

Address _____
Number Street

_____ City State Zip Code

Home Phone: _____ Social Security Number: _____

Cell Phone: _____ E-Mail Address: _____

How were you referred to us? Name: _____

EMPLOYMENT INFORMATION

Position Desired: _____

Are You a C.N.A.? _____

Home Care Angels, Inc. 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 _____

Which of these situations are you **WILLING** to work with? Smoking _____ Pets _____ Children/Family _____

Do you drive your own car? Yes No

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

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

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

Why do you want to work as a caregiver? _____

EXPERIENCE

Have you had any experience or training in the following? Check all applicable

Diabetes (Insulin Injections) Catheter//Colostomy Alzheimer's/Dementia Parkinson's disease Hospice
 Congestive Heart Failure COPD Emphysema Nebulizer Feeding Tube Transferring w/gate belt
 Hoyer Lift Tracheotomy Suctioning Taking Vitals Stroke Wound Care Multiple Sclerosis

Are you willing and able to assist client who needs help in transferring with gate belt or Hoyer Lift? Yes No

Do You Know How to Cook? Yes No Can You Cook American Food? Yes No

EMPLOYMENT ELIGIBILITY

Are you employed currently? Yes No
 If yes, please give date available: _____

Do you have the legal right to work in the United States? Yes No
 (Identity and employment eligibility will be verified by Home Care Angels as required by law.)

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.
GRAMMAR SCHOOL				
HIGH SCHOOL OR GED EQUIVALENT				
COLLEGE				

EMPLOYMENT EXPERIENCE

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

Client: _____ Clients Age: _____

Address: _____ City, State, Zip: _____

How did you get this position? Through an Agency: Direct Hire:

How long did you work with this client: _____ Position held: _____
(In months & years)

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

Client Situation//Condition: _____

Reason for Leaving: _____

May we contact? Yes No

Name of Person to Contact: _____ Phone: _____

Client: _____ Age: _____

Address: _____ City, State, Zip _____

How did you get this position? Through an Agency: Direct Hire:

How long did you work with this client: _____ Position held: _____
(In months & years)

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

Client Situation//Condition: _____

Reason for Leaving: _____

May we contact? Yes No

Name of Person to Contact: _____ Phone _____

Client: _____ Clients Age: _____

Address: _____ City, State, Zip Code: _____

How did you get this position? Through an Agency: Direct Hire:

How long did you work with this client: _____ Position held: _____
(In months & years)

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

Client Situation//Condition _____

Reason for Leaving _____

May we contact? Yes No

Name of Person to Contact _____ Phone: _____

REFERENCES

Give work related or medical field related 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, Inc. (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, Inc.

Signature of Applicant _____ Date _____

FOR OFFICE USE ONLY

Date Interviewed: ____ / ____ / ____

Documentation verified _____

Position: _____

Client: _____

Salary: _____