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 ☐
Are you interested in working as an on-call caregiver? (Inquire during interview)	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: (In months & years) Position held:

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: (In months & years) Position held:

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: (In months & years) Position held:

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: ____________________