



www.violashomecare.com
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Office: 480-677-3276
Gilbert, Az. 85297

Please Fax application
to us at this #
Fax: 866-246-9212

Employment Application Caregivers

Please complete the following information and return to Viola's Home Care to be considered for an engaging Caregiver position with us. This information will remain confidential and nothing will be divulged which is not authorized by you, *we are an equal opportunity employer.*

Please list Caregiver Positions applying for: Homemaker Companion Personal
 Other please list: _____

Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Social Security # _____

Home Phone: _____ Cell Phone: _____ e-mail: _____

Have you ever been convicted of a misdemeanor, felony? _____ if so, please provide details:

Transportation:

Do you have dependable transportation: _____ Make and model car: _____

License plate # _____ Drivers license # _____ Insurance policy # _____

Many caregiver positions may require the caregiver to transport a client.

Availability:

Number of weekly hours preferred: _____

Specify days and hours available to work: _____

Any times not available to work: _____

Comments: _____

Can you be called at the last minute in case of an emergency? _____

Skills Tasks:

Please indicate any skills and Tasks you performed caring for the elderly.

- | | | |
|--|--|--|
| <input type="checkbox"/> Showering/Bathing | <input type="checkbox"/> Incontinence Care | <input type="checkbox"/> Preparation of Meals |
| <input type="checkbox"/> Encourage independence | <input type="checkbox"/> Oxygen Assistance | <input type="checkbox"/> Alzheimer's & dementia care |
| <input type="checkbox"/> Oral Hygiene | <input type="checkbox"/> Ambulation Assistance | <input type="checkbox"/> Feeding Assistance |
| <input type="checkbox"/> Clean Kitchen | <input type="checkbox"/> Wheelchair Assistance | <input type="checkbox"/> Encouraging Fluids |
| <input type="checkbox"/> Dressing Assistance | <input type="checkbox"/> Transfer Assistance | <input type="checkbox"/> Encouraging Eating |
| <input type="checkbox"/> Medication Reminders | <input type="checkbox"/> Colostomy Bag Draining | <input type="checkbox"/> Light Housekeeping |
| <input type="checkbox"/> Bathroom Assistance | <input type="checkbox"/> Diapering | <input type="checkbox"/> Changing Bed Linens |
| <input type="checkbox"/> Monitor changes in health and mental status | <input type="checkbox"/> Range of Motion Exercises | <input type="checkbox"/> Laundry |
| | <input type="checkbox"/> Companionship | <input type="checkbox"/> Grocery Shopping/Errands |

Experience:

Please describe some experiences that you've had with a few of your clients.

Training & Certificates:

Please list all special training or certificates that may apply.

Employment History: at least five years beginning with present employer.

May we contact your current employer? _____

Company: _____ Dates Employed: _____

Job Title: _____ Phone: _____

Duties: _____

Supervisor: _____ Reason left: _____

Company: _____ Dates Employed: _____

Job Title: _____ Phone: _____

Duties: _____

Supervisor: _____ Reason left: _____

Company: _____ Dates Employed: _____

Job Title: _____ Phone: _____

Duties: _____

Supervisor: _____ Reason left: _____

Company: _____ Dates Employed: _____

Job Title: _____ Phone: _____

Duties: _____

Supervisor: _____ Reason left: _____

Business References:

Name: _____ Phone: _____

Address: _____ Years Known: _____

Name: _____ Phone: _____

Address: _____ Years Known: _____

Name: _____ Phone: _____

Address: _____ Years Known: _____

Personal References:

Name: _____ Phone: _____

Address: _____ Years Known: _____

Name: _____ Phone: _____

Address: _____ Years Known: _____

Name: _____ Phone: _____

Address: _____ Years Known: _____

EMERGENCY CONTACT: 1

Name: _____ Phone: _____

Address: _____

Relationship: _____

EMERGENCY CONTACT: 2

Name: _____ Phone: _____

Address: _____

Relationship: _____

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age sex, religion, disability, medical condition, national origin, or marital status.

CERTIFICATION AND RELEASE: I certify that I have read and understand the application note on 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 understand that any false information, omissions or misrepresentation of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize Viola's Home Care. and/or its agents to verify any information including, but not limited to, motor vehicle driving records, education, employment history, and criminal record history. 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. I also understand that the use of illegal drugs is prohibited during employment. Furthermore I understand that if I am hired, employment with this company is "at will," which means that either the company or I can terminate my employment for any reason not prohibited by state or federal law.

As required by Viola's Home Care policies, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

SIGNATURE: _____ DATE: _____

*We look forward to interviewing all quality candidates that may apply to our company
Thank you for applying.*

Viola's Home Care

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