



EMPLOYMENT APPLICATION

Visiting Angels is an equal opportunity employer, dedicated to a policy of non-discrimination on any basis including race, color, age, sex, religion, disability, national origin or marital status.

Name:			Date:
Address:			# of years:
City:	State:	Zip:	Own or Rent?
Previous address if under 5 years:			
Cell Phone:	Home Phone:	Social Security Number:	
Email address:			
Access to Internet?: <input type="checkbox"/> Yes <input type="checkbox"/> No		Access to GPS / Navigation system?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
I am applying for a position as: <input type="checkbox"/> Caregiver <input type="checkbox"/> Office Staff <input type="checkbox"/> RN/LPN <input type="checkbox"/> Other:			

Emergency Contact Information			
Name:		Phone:	
Address:		Relationship:	
City:	State:	Zip:	

Background Check
Have you ever been convicted of any felony or misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No (A conviction is not an absolute bar to employment but will be considered in relation to the job requirements)
If yes, details must be provided here:

Transportation: Some caregiving positions require either a car or valid driver's license and proper auto insurance			
Do you have an automobile? <input type="checkbox"/> Yes <input type="checkbox"/> No		Make & model:	
Auto license plate #:	State:	Driver's license #:	
Is copy of driver's license provided: <input type="checkbox"/> Yes <input type="checkbox"/> No		Is copy of valid car insurance provided? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Work Schedule	
Indicate available days and times:	
Indicate specific days and times you cannot work:	
Would you like to be called for emergencies?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you available for Live-In positions? <input type="checkbox"/> No <input type="checkbox"/> 2 day <input type="checkbox"/> 3 day <input type="checkbox"/> 4 day <input type="checkbox"/> 5 day	

Education		
High school:	City/State:	
Vocational:	City/State:	Dates:
College:	City/State:	Dates:
Are you a CNA on the Georgia Registry? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, provide CNA#:
Degrees or certificates:		
Special skills or training relevant to your ability to perform this job :		
Non-profit or volunteer organizations you are affiliated with: (applicant does not need to list any which reveal race, color, religion, national origin, ancestry, sex, age, disability, or other prohibited basis for discrimination)		

Experience
Highlight specific skills or training you have obtained while working with the elderly:
What do you like the most about working with seniors/elderly individuals?
What do you find least desirable about working with seniors/elderly individuals?

Employment History: Please go back at least five years and tell us about your work history.

May we contact your current employer to verify your employment history? Yes No

Company:		From:	To:
Street Address:		City:	State:
Company Phone:	Why did you leave?		
Job Title:	Duties:		
Supervisor:	Supervisor's Phone:		

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Current Landlord (if applicable)			
Name:	Address:	Number of years:	Phone:

Personal References (must be non-family)			
Name:	Address:	Years known/Relationship:	Phone:
Name:	Address:	Years known/Relationship:	Phone:
Name:	Address:	Years known/Relationship:	Phone:

Employment Verification: Please be aware that our agency participates in E-Verify
Do you have the legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No
If hired, can you submit verification of your legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No

<p>Certification and Release: I certify the above stated and indicated are true in fact and no misrepresentation of myself has been made. I understand that any false information, omissions or misrepresentation of facts will result in rejection of this application and/or discharge at any time during employment. I authorize Visiting Angels to verify any and all information contained within this application, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies & law enforcement authorities to release any information concerning my background & hereby release any said persons, schools, companies & 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 and that I am willing to submit to drug testing at any time to detect the use of illegal drugs prior to or during employment. I understand that the submission of this application does not guarantee any employment until a written offer is made by Visiting Angels.</p> <p>Restrictive Covenant: I agree not to do business directly with any individual or business entity that Visiting Angels has introduced to me or by entering into employment with such individuals or businesses.</p>	
Applicant's Signature:	Date: