

JOIN OUR CARE TEAM

Good care starts with people like you.

Caregiver employment application

Tell us about your experience, availability, and the people who can speak to your work.

Complete all required fields marked *. Enter N/A where a question does not apply. Please do not include Social Security numbers or medical records.

01 About you

Full legal name *	Email address *	Phone number *
Street address / apartment *	City, state and ZIP *	
Position sought	Earliest start date *	Desired hourly rate
How did you hear about us?	Reliable transportation to assignments?	

02 Your availability

☐ Full-time	☐ Part-time	☐ Per diem	
☐ Overnights	☐ Weekends	☐ Holidays	
Desired hours per week	Counties / areas willing to work		
Enter start and end times, or "Unavailable."			
Monday	Tuesday	Wednesday	Thursday
Friday	Saturday	Sunday	

03 Experience & qualifications

☐ Personal care	☐ Dementia support	☐ Transfers / mobility
☐ Meals / housekeeping	☐ Medication reminders	☐ Electronic visit notes
Years of caregiving experience	Languages spoken	
Training / certifications (CNA, HHA, CPR, etc.)	Issuing school / organization	
Certification expiration dates	Additional experience / unpaid caregiving	

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04 Last two jobs

Most recent first. If you have fewer than two jobs, enter N/A.

Most recent / current job

Employer / agency *

Employer address

Supervisor name / title

Main duties / care provided

May we contact this employer? Yes / No / N/A

Job title

Start / end dates (or Present)

Supervisor phone / email

Reason for leaving / seeking change

If no, explain

Previous job

Employer / agency *

Employer address

Supervisor name / title

Main duties / care provided

May we contact this employer? Yes / No / N/A

Job title

Start / end dates (or Present)

Supervisor phone / email

Reason for leaving / seeking change

If no, explain

05 Professional references

Two most recent supervisors, managers, instructors, or professional colleagues. Do not list relatives.

Reference 1

Full name *

Phone / email *

Title / organization

Relationship / how long known *

Reference 2

Full name *

Phone / email *

Title / organization

Relationship / how long known *

06 Review & sign

I certify that my answers are accurate and complete to the best of my knowledge. I authorize Visiting Care Home Care Services LLC to verify my employment, qualifications, and references, subject to the contact permissions above. Background screening requires separate notices and authorization. This application is not an offer or guarantee of employment.

☐ I agree to the acknowledgment above and intend my typed name to serve as my signature.

Type your full name *

Date