

**Office use only**  
Date of hire: \_\_\_\_\_

**PLEASE PRINT ALL  
INFORMATION REQUESTED  
EXCEPT SIGNATURE**

Mail to : Visiting Angels  
72 West Ave  
Tallmadge, Ohio 44278  
OR  
Fax to: 330-475-1373



**CAREGIVER QUESTIONNAIRE**

DATE \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Maiden

Present address \_\_\_\_\_  
Number Street City State Zip

How long \_\_\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Pager \_\_\_\_\_

Position applied for (1) \_\_\_\_\_  
and salary desired (2) \$ \_\_\_\_\_  
(Be specific)

Days/hours available to work  
No Pref \_\_\_\_\_ Thu \_\_\_\_\_  
Mon \_\_\_\_\_ Fri \_\_\_\_\_  
Tue \_\_\_\_\_ Sat \_\_\_\_\_  
Wed \_\_\_\_\_ Sun \_\_\_\_\_

How many hours can you work weekly? \_\_\_\_\_ Can you work nights? \_\_\_\_\_

Employment desired  FULL-TIME ONLY  PART-TIME ONLY  FULL OR PART-TIME

When are you available for work? \_\_\_\_\_

Are you available for a 24 hr "live-in" position?  Yes  No  
 3 days?  5 days?  7 days?

HAVE YOU EVER BEEN CONVICTED OF A CRIME?  No  Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DO YOU HAVE A DRIVER'S LICENSE?  Yes  No

What is your means of transportation to work? \_\_\_\_\_  
Driver's license number \_\_\_\_\_ State of issue \_\_\_\_\_ Expiration date \_\_\_\_\_  
Auto Insurance Co: \_\_\_\_\_ Policy Number \_\_\_\_\_

Have you had any accidents during the past three years?  No  Yes How many? \_\_\_\_\_  
Have you had any moving violations during the past three years?  No  Yes How Many? \_\_\_\_\_

**PLEASE PRINT ALL  
INFORMATION REQUESTED  
EXCEPT SIGNATURE**

Please list three personal references other than relatives or previous employers.

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Telephone (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Telephone (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Telephone (\_\_\_\_) \_\_\_\_\_

Names, addresses, telephone numbers of organizations (volunteer organizations, nonprofit etc.) that you have been affiliated with:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Work Experience** Please list your work experience with your **last 3 employers** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary. If you have related work experience, but it was not with one of your last 3 prior employers please list those also.**

1. Name of employer Address	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
City, State, Zip Code Phone number		Your last job title	

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE PRINT ALL  
INFORMATION REQUESTED  
EXCEPT SIGNATURE**

<b>2. Name of employer</b> Address  City, State, Zip Code Phone number	<b>Name of last supervisor</b>	<b>Employment dates</b>	<b>Pay or salary</b>
		From To	Start Final
	Your last job title		

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

---



---



---



---



---

<b>3. Name of employer</b> Address  City, State, Zip Code Phone number	<b>Name of last supervisor</b>	<b>Employment dates</b>	<b>Pay or salary</b>
		From To	Start Final
	Your last job title		

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

---



---



---



---



---

**Education:**

Please list when and where you graduated from high school:

---



---



---

If you are not a high school graduate do you hold a GED? \_\_\_\_\_

Education continued:

Please list any other education you have obtained: (i.e.: STNA, CNA, HHA certificates, college coursework or degrees)

---

---

---

---

Other: Please use this area to write down any other related work experience or information that may be helpful during the application process:

---

**PLEASE READ CAREFULLY**

---

**APPLICATION FORM WAIVER**

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I understand that, in connection with the routine processing of the caregiver questionnaire, the Company may request from Federal, State, and other agencies which maintain records concerning my past activities, any person, educational institution, or company I have listed as a reference on my application to disclose in good faith any information they may have regarding me, including but not limited to information as to employment history and income, criminal convictions or history, motor vehicle reports, Social Security trace reports, personal references and any other reports or information that may be deemed necessary in the course of determining my qualifications and fitness for employment

Restrictive Covenant: I agree not to circumvent or bypass the company's rights by doing business directly with any individual or business entity whom the company has introduced to me (or by entering into employment with such individuals or business entities) without the advance written consent of the company.

---

**Signature of applicant:**

---

Date: \_\_\_\_\_

---

Thank you for completing this questionnaire form and for your interest in our business.