

## CAREGIVER APPLICATION

*Vintex does not discriminate on the basis of race, color, national origin, sex, age, religion, disability, or veteran status.*

Personal Information				
Name (Last Name, First Name)			Social Security Number ____ - ____ - ____	
Address		City, State	Zip Code	Date of Birth
Phone No		Secondary Phone No		Referred By
Email Address			Mobile Carrier (AT&T, T-Mobile, MetroPCS, etc.)	
Employment Desired				
Position(s) Applying for: <input type="checkbox"/> RN <input type="checkbox"/> LPN <input type="checkbox"/> CNA <input type="checkbox"/> HHA <input type="checkbox"/> Homemaker <input type="checkbox"/> Companion				
License Number (if applicable): _____			Exp. Date _____	Date you can Start: _____
Ever applied to this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No			Are you contracted with another company? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Education History				
	Name & Location of School	Years Attended	Did you Graduate	Subjects Studied
High School				
College				
Business or Vocational School				
General Information				
Special Training				
Special Skills				
U.S. Military or Naval Service			Rank	
Are you eligible to work in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Work History				
Dates of Employment	Name, Address & Phone Number of Client/Company	Pay	Position Duties	Reason for Leaving
From				
To				
From				
To				
From				
To				

From				
To				

**Professional References**

Name	Address	Position	Years Known

**Additional Information**

Do you have nursing liability insurance?  Yes  No

Do you agree to obtain any and all licenses, and comply with fingerprinting and background checks that are required to perform duties required as a home health caregiver?  Yes  No

**Authorization**

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that if employed, or contracted, any misinterpretation, falsification, or omissions on this application can be grounds for immediate termination, denial of appointment, or removal from consideration for employment or contract.

I authorize VINTEX QUALITY CARE, INC. to make necessary inquiries and investigations into my education, references, or employment history. I further authorize, unless otherwise indicated on this application, the release of my information to VINTEX QUALITY CARE, INC. by any of the schools, services, or employers listed on this application.

I also hereby release from liability VINTEX QUALITY CARE, INC. and its representatives for seeking, gathering, and using such information to make decisions concerning my status as an employee for VINTEX QUALITY CARE, INC. and all other persons or organizations for providing such information.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

I certify that I have read and fully understand the foregoing, and that I seek to become an independent contractor under these conditions.

Applicant Signature:	Date:
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**Do not write below this line**

Interviewed by:	Date:
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Remarks:

Employment Manager:	Department Head:	General Manager:
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