



## PRIVATE CARE MATCH

### Caregiver Application

Thank you for your interest in Private Care Match. Please fill out the application completely. Please note we will not accept applications, including support materials that are incomplete. Resumes will not be accepted in lieu of the application. (Failure to complete all requested items listed on the application may disqualify you for consideration) Decisions are based on the completeness of application, results of the interview, a clear background check, and two (2) “satisfactory” professional references. All professional references must be received before you can be offered Membership and Employment.

After application and support materials are received, and you have passed the criminal background check, and employment references have been verified, you will be invited to attend a face to face interview and screening. If you are accepted we will then create your personal profile and will contact you as jobs come in that fit, based on your availability, level of experience, preferences and skill sets.

Caregivers that show personal initiative and proceed with the application process in a timely fashion will always be considered first for an initial invitation to the Network and will also be considered first for client referrals.

#### **Application and Pre-Admission Requirements Checklist**

Here is what we need from you to get started:

- Completed Caregiver Application (attached)
- Two professional references from former or current caregiving employers that you have worked for in the last 5 years (cannot be a family member)
- Copies of Current Driver’s License and Auto Insurance
- Pass a Criminal Background Check –watchdog.com
- If applicable, Copy of CNA Card and License Number, Other related medical certifications (MA, NA, LMT, and Naturopathic) related to the field of caregiving

We’d love to have you be a part of our team!  
Yours in service and compassion,

Julia Kinlow  
CEO Private Care Match

|  |            |                |   |
|--|------------|----------------|---|
| Last Name  | First Name | Middle Initial | Social Security<br>- - -  |
| Street Address   |            |                | Home Phone:   |
| City State Zip   |            |                | Cell Phone:   |
| Driver's License# _____ State _____ Expiration _____   |            |                | Message phone   |
| Position of Interest:<br><input type="checkbox"/> CNA <input type="checkbox"/> NA <input type="checkbox"/> Home Health Aide <input type="checkbox"/> LVN <input type="checkbox"/> RN   |            |                | Email:  |
| Professional License #   |            |                |   |
| Weekly Schedule of Availability for work: <i>(Circle all available shift days and times)</i><br><input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Fill in<br>Days: Sun Mon Tue Wed Thurs Fri Sat<br>Evenings: Sun Mon Tue Wed Thurs Fri Sat<br>Nights: Sun Mon Tue Wed Thurs Fri Sat |            |                | Time Limitations, if any:   |
| What types of Caregiving shifts are you interested in? <b>(check all that applies)</b>   |            |                |   |
| Short Day Shifts (3-6 hrs) ___ Longer Day Shifts (7-11 hrs) ___  |            |                |   |
| 12 Hour Days ___ 12 Hour Nights ___ 24 Hour Shifts ___ Live-in ___   |            |                |   |
| Mode of Transportation to and from work<br><input type="checkbox"/> Automobile <input type="checkbox"/> Bus <input type="checkbox"/> Other _____   |            |                | Do You Have Car Insurance?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>Insurance Provider<br>_____ |

Do you have a legal right to work and remain in the United States? Yes \_\_\_ No \_\_\_

Have you ever been convicted of a felony? Yes \_\_\_ No \_\_\_

If yes please explain \_\_\_\_\_

How did you learn about PCM?  Newspaper Ad  Craig's List  Website  Other \_\_\_\_\_

Why do you wish to work for PCM? \_\_\_\_\_

### Educational Background

| Attended           | Name | City | Graduated    | Year Graduated | Certificate  |
|--------------------|------|------|--------------|----------------|--------------|
| High School        |      |      | ___Yes ___No |                | ___Yes ___No |
| College/University |      |      | ___Yes ___No |                | ___Yes ___No |
| Other              |      |      | ___Yes ___No |                | ___Yes ___No |

Please list and describe any classes and/or trainings you have taken that could or would apply to the skills required of a professional caregiver.

\_\_\_\_\_

**Prior Work History**

**Please begin with your current or most recent job**

|                       |          |      |    |                    |            |
|-----------------------|----------|------|----|--------------------|------------|
| <b>Company Name</b>   |          |      |    | Phone              |            |
| Address               |          |      |    |                    |            |
| Job Title             | Pay Rate | From | To | Nature of Work     | Supervisor |
| Describe your duties: |          |      |    | Reason for leaving |            |
| <b>Company Name</b>   |          |      |    | Phone              |            |
| Address               |          |      |    |                    |            |
| Job Title             | Pay Rate | From | To | Nature of Work     | Supervisor |
| Describe your duties: |          |      |    | Reason for leaving |            |
| <b>Company Name</b>   |          |      |    | Phone              |            |
| Address               |          |      |    |                    |            |
| Job Title             | Pay Rate | From | To | Nature of Work     | Supervisor |
| Describe your duties: |          |      |    | Reason for leaving |            |

References must be **current or within the last 5 years**. Must be professional (previous client or health care related). **Cannot be family members**

**Work References (at least 2):**

|   |                 |                 |                      |
|---|-----------------|-----------------|----------------------|
| Name  | Current Address | Employment Date | Current Phone Number |
| Name  | Current Address | Employment Date | Current Phone Number |
| <b>Personal References (at least 2): Please do not list family members.</b> |                 |                 |                      |
| Name  | Current Address | Relationship    | Current Phone Number |
| Name  | Current Address | Relationship    | Current Phone Number |

I certify that the answers given in this application (s) are true and complete to the best of my knowledge.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

| For Office Use Only  |          |  |
|--|----------|--|
| Date of Membership   | Pay Rate | References:<br><input type="checkbox"/> Exc. <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor |
| <input type="checkbox"/> CPR <input type="checkbox"/> Agreement <input type="checkbox"/> CBC <input type="checkbox"/> TB Test <input type="checkbox"/> Cert <input type="checkbox"/> Lic/Reg <input type="checkbox"/> Name Tag <input type="checkbox"/> Professional . Insurance. <input type="checkbox"/> Car Insurance |          |  |
| <b>Comments:</b>   |          |  |

Please mark all of the caregiving skills and related issues with which you have experience.\* **Be aware that you are not required to have all these skills.**

### **GENERAL RELATED SKILLS**

- Bed Baths
- Excellent Meal Preparation
- Basic Meal Preparation
- Feeding Tube
- Personal Care
- Companion Care
- Transportation
- Grocery Shopping
- Homemaking
- Money Management
- Case or care management
- Other:

### **TRANSFERS & MOBILITY (Please Check all that apply)**

- No Lifting (check if you cannot lift clients)
- Light Transfers
- Repositioning immobile patients
- Pivot Transfer
- Gait Belt
- Hoyer Lift
- Other: \_\_\_\_\_

**ADVANCED SKILLED CARE** – for each skill you check, please indicate whether you are somewhat familiar with it or expert at it.

- Blood sugar monitoring ( familiar / expert )
- Insulin Injections ( familiar / expert )
- Medication monitoring ( familiar / expert )
- Bowel/Bladder program ( familiar / expert )
- Incontinence & Peri Care, Incontinence Products ( familiar / expert )
- Foot Care ( familiar / expert )
- Oxygen ( familiar / expert )
- Ostomy care ( familiar / expert )
- Catheter care ( familiar / expert )
- Emptying Catheter Bag ( familiar / expert )
- Physical Therapy Regimen Assistance ( familiar / expert )
- Occupational Therapy ( familiar / expert )
- Range of Motion ( familiar / expert )
- Respiratory Treatment ( familiar / expert )
- Speech Therapy Assistance ( familiar / expert )
- Suctioning ( familiar / expert )
- Tube Feeding ( familiar / expert )
- Ventilator Assistance ( familiar / expert )
- Wound care/Dressing ( familiar / expert )
- Quad/Para Care ( familiar / expert )
- Communication Skills & Training ( familiar / expert )
- Classes or training in: Psychology, Psychopathology,

- Psycho-pharmacology ( familiar / expert )
- Classes or training in: Psychology, Family Systems & Psycho-social
- & Psycho-spiritual issues ( familiar / expert )
- Classes or Training in Nutrition ( familiar / expert )
- Hospice/ Palliative care ( familiar / expert )
- Other:

**Psycho/Social Issues:**

- Psychological illness
- Depression
- Anxiety/Nervousness
- Crying
- Insomnia
- Nightmares
- Loss of Appetite
- Alcohol/Substance Abuse

**Willing to work in environment where:**

- Non-smoking only
- Client smokes some
- No Pets
- Cats Ok
- Dogs Ok
- Other (Please explain):

**Are you willing to Transport clients:**

- In their car
- In your vehicle
- Prefer not to

**Patient care experience (How long have you been a caregiver?)**

- 6 months
- 1+ Year
- 2 Years
- 3 Years
- 4 Years
- 5 +Years
- 10 +Years

**Where have you provided Care?**

- In private homes
- In Assisted Living Facilities (one-on-one care)
- As facility employee Nursing Home Assisted Living Adult Home etc.

**Experience with:**

- Diabetes
- Cancer
- Hospice
- CHF/ Heart Related Diseases
- Stroke or other brain injury
- Dementia/Alzheimer
- Parkinson's, MS, etc.

- ALS (Lou Gehrig's Disease)
- Quadriplegic & Paraplegic Care
- Depression
- Anxiety
- Obsessive-Compulsive
- other physical or psychiatric disorders (Please List):
- \_\_\_\_\_
- \_\_\_\_\_

**Geographical Preferences:**

Please check the locations you are willing to travel to:

- |                                      |   |   |                                      |
|--------------------------------------|---|---|--------------------------------------|
| <input type="checkbox"/> Addison     | <input type="checkbox"/> Dallas         | <input type="checkbox"/> Irving               | <input type="checkbox"/> Southlake   |
| <input type="checkbox"/> Allen       | <input type="checkbox"/> Denton         | <input type="checkbox"/> Keller               | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Arlington   | <input type="checkbox"/> Desoto         | <input type="checkbox"/> Lewisville           |                                      |
| <input type="checkbox"/> Bedford     | <input type="checkbox"/> Euless         | <input type="checkbox"/> Mansfield            |                                      |
| <input type="checkbox"/> Burleson    | <input type="checkbox"/> Farmers Branch | <input type="checkbox"/> McKinney             |                                      |
| <input type="checkbox"/> Benbrook    | <input type="checkbox"/> Flower Mound   | <input type="checkbox"/> Mesquite             |                                      |
| <input type="checkbox"/> Carrollton  | <input type="checkbox"/> Fort Worth     | <input type="checkbox"/> North Richland Hills |                                      |
| <input type="checkbox"/> Cedar Hill  | <input type="checkbox"/> Frisco         | <input type="checkbox"/> Plano                |                                      |
| <input type="checkbox"/> Cleburne    | <input type="checkbox"/> Garland        | <input type="checkbox"/> Rockwall             |                                      |
| <input type="checkbox"/> Colleyville | <input type="checkbox"/> Grand Prairie  | <input type="checkbox"/> Rowlett              |                                      |
| <input type="checkbox"/> Coppell     | <input type="checkbox"/> Grapevine      | <input type="checkbox"/> Richardson           |                                      |
| <input type="checkbox"/> Corinth     | <input type="checkbox"/> Hurst          | <input type="checkbox"/> Seagoville           |                                      |

I certify that the information contained in this application and all other documents provided (e.g., resume, etc.) is true and correct to the best of my knowledge. I fully understand that any misrepresentation, falsification or omission of material information may result in a denial of membership participation and/or employment and may be considered as justification for termination if discovered at a later date. I authorize Private Care Match to reserve the right to perform a thorough investigation of my background to verify any and all information provided.

In the event that I am accepted as a member, as a requirement of any work referred by Private Care Match I agree to act in accordance with the guidelines, policies and procedures and standards of conduct of Private Care Match. I also understand and agree that the terms and conditions of my Membership status (other than my at-will status) with Private Care Match may be changed or discontinued at any time with or without notice.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date