



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 Employment placement.

Once we receive your information of interest you will be invited to attend a face to face interview and screening. After we’ve gone over your application and support materials, and you have passed the criminal background check, and employment references have been verified you will then be eligible to be a part of our Network. 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
- CPR Card
- If applicable, Copy of Certification 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,

Private Care Match

Private Care Match Employment Application

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

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

Company Name				Phone	
Address					
Job Title	Pay Rate	From	To	Nature of Work	Supervisor
Describe your duties:				Reason for leaving	
Company Name				Phone	
Address					
Job Title	Pay Rate	From	To	Nature of Work	Supervisor
Describe your duties:				Reason for leaving	
Company Name				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

Personal References (at least 2): Please do not list family members.

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 Hire	Pay Rate	References: <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		
Comments:		

Please mark all of the caregiving skills and related issues with which you have experience.* **Note: You are not required to have all these skills for placement.**

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"/> Eules | <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