



Caregiver Application Packet

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.

After application and support materials are received, and you have passed the criminal background check, personal and employment references have been verified. We will schedule an interview which will be followed by a skills and competency evaluation. You will then be notified to schedule for orientation where you will let us know your preferences, scheduling and availability for placement.

Caregivers that show personal initiative and proceed with the application process in an organized and 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)
- Copy of Covid 19 Vaccination Card or Waiver
- 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
- If applicable, Copy of CNA, LVN, RN Card and License Number, Other related medical certifications (MA, NA, LMT, and Naturopathic) and other Certifications related to the field of Caregiving

We’d love to have you be a part of our team!

Private Care Match 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"/> Personal Attendant <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 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 shifts are you interested in? (check all that applies) Short Day Shifts (4-6 hrs) _____ Longer Day Shifts (7-12 hrs) _____ 12 Hour Days _____ 12 Hour Nights _____ 24 Hour Shifts _____			Covid 19 Vaccination Moderna ___ Dates _____ Booster Y ___ N___ Date _____ Pfizer ___ Dates _____ Booster Y ___ N___ Date _____ J&J ___ Date _____ Booster Y ___ N___ Date _____
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? Google Craig's List Friend/referral 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 **Private Duty and current or within the last 5 years**. If you do not have at least two work references, please provide other references.

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 . Insur. <input type="checkbox"/> Car Ins <input type="checkbox"/> Vaccination Card		
Comments:		

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):
- _____
- _____

Please list other experiences not listed.

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