

D’Vine Caregivers
A DIVISION OF CHILD CARE SERVICES
“We Care For Those You Love”

Tel: (847) 277-0320 • Fax: (847) 277-0321
Email: info@dvinehomecare.com

APPLICATION FOR EMPLOYMENT

Full Legal Name: _____ All former maiden, married, nick names or alias: _____

Address: _____ City/State/Zip Code: _____

How long have you lived at your current address? _____ If you have been at your current address for **less than ten** years, please indicate your previous full address or addresses and the dates you were at each address: _____

Phone (Day): _____ Phone (Evening): _____

Name of Nearest Relative: _____ Relationship to You: _____

Relative’s Address and Phone Number: _____

Social Security No: _____ Date of Birth: _____ What city were you born in? _____ State? _____

U.S. Citizen: _____ Do you have a Green Card or permit to work in the United States? _____

Do you speak any languages other than English? If yes, what are they? _____

Availability

Full-time/Live-in: _____ Full-time/Live-out: _____ Part-time: _____ Temporary: _____

When are you available to start? _____ What is your desired commitment? _____

List the days and hours you are available to work: _____

What are your salary requirements? _____

What geographical area would you like to be placed in? _____

Do you have a valid drivers license? _____ Drivers License Number: _____

Issuing State: _____ Drivers License Expiration Date: _____

Do you own a car? _____ Year/Make/Model: _____

Do you have any past driving violations or accidents? _____ If yes, what are they and when did they happen: _____

Have you been convicted of a crime? _____ If so, provide details: _____

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About You (If there are any questions you prefer not to answer, please let us know.)

Have you ever been charged or convicted of a misdemeanor, felony or been arrested for any reason? _____
If yes, when and where and please explain: _____

Do you have any physical or psychological limitations which might affect your job performance? _____
If yes, please explain: _____

Do you smoke? _____ If yes, to what extent can you refrain if asked by your employer? _____

Do you have any allergies? _____ If yes, please explain: _____

Are you: Single _____ Married _____ Engaged _____ Divorced _____ Separated _____ Widowed _____

Do you have any children? _____ If yes, how old are they? _____

Have you ever filed, or had filed for you, a worker's compensation claim? If yes, please explain: _____

Were you ever CPR trained? _____ Date of certification? _____

Explain any first aid knowledge you have: _____

Do you have any communicable diseases? _____ If yes, provide details: _____

Are you currently taking any medications? _____ If yes, provide details: _____

Have you had a TB test? _____ If yes, provide date of test: _____

Have you ever been treated for drug or alcohol abuse? _____ If yes, provide details: _____

Do you have any health problems? _____ If yes, provide details: _____

Education

Please list past **education** completed (starting with high school and what year you graduated):

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Past Employment History

Past employment history. Please list your last three caregiver related positions as follows:

Employer: _____ Day Phone: _____ Evening Phone: _____

Address: _____

Dates Employed: _____ Age of Patient: _____ Male or Female Patient: _____

Reason for leaving position: _____

Employer: _____ Day Phone: _____ Evening Phone: _____

Address: _____

Dates Employed: _____ Age of Patient: _____ Male or Female Patient: _____

Reason for leaving position: _____

Employer: _____ Day Phone: _____ Evening Phone: _____

Address: _____

Dates Employed: _____ Age of Patient: _____ Male or Female Patient: _____

Reason for leaving position: _____

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Character References

Please list three character references (**non-family members**) to whom we may speak that have known you for at least three or more years.

Name: _____ Day Phone: _____

Address: _____ Evening Phone: _____

Relationship to you: _____ How long have you known them? _____

Name: _____ Day Phone: _____

Address: _____ Evening Phone: _____

Relationship to you: _____ How long have you known them? _____

Name: _____ Day Phone: _____

Address: _____ Evening Phone: _____

Relationship to you: _____ How long have you known them? _____

D'Vine Caregivers

A DIVISION OF CHILD CARE SERVICES OF WISCONSIN, INC.

"We Care For Those You Love"

Tel: (847) 277-0320 · Fax: (847) 277-0321

Email: info@dvinehomecare.com

CONTRACT BETWEEN D'Vine Caregivers AND CAREGIVERS

1. I hereby give permission to D'vine Caregivers and its agents, to investigate and verify any and all information given on the Caregiver Application. I hereby release D'vine Caregivers and its agents, as well as persons contacted to verify said information from all liability or claims that may arise from the giving, receiving or use of all said information.
2. I certify that all information provided on the Caregiver Application is true and accurate to the best of my knowledge and belief, as of the date given. I agree to supplement the information on the Caregiver Application stated above, if and when any event occurs that may impact upon the accuracy or truth of said existing information in any way.
3. I hereby agree to indemnify D'vine Caregivers if and when I, during the performance of my duties as a Caregiver, act negligently, recklessly, willfully, or in any other manner which is to the detriment of D'vine Caregivers or any and all third parties who may suffer any damage or injuries as a result of my actions.
4. I further agree that if and when placed through D'vine Caregivers with one of their clients, and that said client has failed to timely and fully pay the finders fee due to D'vine Caregivers that D'vine Caregivers retains the right to rescind my placement with said client, and/or in the alternative to hold me jointly and severally responsible for the payment of said finders fee along with said client.
5. I agree not to accept employment of any kind from a client of D'vine Caregivers whom I was referred to as a caregiver candidate, within one year of referral, without that client first paying the required finders fee to D'vine Caregivers.
6. I agree to file with this agency a copy of my most recent physical examination record, which complies with the rules of the Illinois Department of Labor and is required by Illinois law.

Dated this _____ day of _____ 20_____

Caregiver

D'vine Caregivers, a division of Child Care Services of Wisconsin, Inc.

How did you hear about D'vine Caregivers? _____

Have you ever applied with D'vine Caregivers? _____

If yes, at what date did you apply? _____

Would you be willing to notify D'vine Caregivers if there are any irregularities in dealing with the family during the interview process? _____

I agree to check first with D'vine Caregivers before all travel plans are made to insure the family has all contract obligations fulfilled with D'vine Caregivers.