HEALTH ANGELS
HOME CARE PROVIDERS

EMPLOYMENT APPLICATION PACKET

All Staff Positions

60 Concord Street, Suite F-100, Wilmington, MA 01887 · (617) 588-5020 · www.healthangels.net

This public online application is for all staff applicants. Complete all general sections. Service-role sections are required only if applying for a client-facing service position.	
Pages 1–3	Employment Application
Page 4	Conditional Add-On: Service Staff Position Descriptions — PCW / Companion / Homemaker
Page 5	Application Certification & Signatures

Online submission: *This public online application may be completed at www.healthangels.net. Do not submit Social Security numbers, date of birth, criminal-history information, CORI forms, or background-check forms through this public application unless specifically requested later in the hiring process.*

Applicant questions: *Call (617) 588-5020, email careers@healthangels.net, or visit www.healthangels.net.*

Equal Opportunity Employer: *Health Angels Home Care Providers LLC does not discriminate on the basis of race, color, religion, sex, national origin, age, disability, sexual orientation, genetic information, or any other characteristic protected by federal, state, or local law.*

EMPLOYMENT APPLICATION

Health Angels Home Care Providers LLC · 60 Concord Street, Suite F-100, Wilmington, MA 01887
Phone: (617) 588-5020 · Fax: (617) 588-5022 · careers@healthangels.net · www.healthangels.net

Complete all required general fields before submitting this application. Applicants for client-facing service roles must also complete the service-role questions and review the service staff position descriptions. Incomplete applications may not be reviewed. Use additional sheets if needed and attach them to this application.

SECTION A — PERSONAL INFORMATION

First Name _____ **Last Name** _____

Middle Name / Initial _____ **Date of Application** _____

Home Address (Street, City, State, ZIP) _____

Home Phone _____ **Cell Phone** _____

Email Address *(Used for application communications)* _____

Best time to reach you _____ **Preferred contact method** _____

Are you legally authorized to work in the United States? ☐ Yes ☐ No

If hired, can you provide documentation of your work authorization? ☐ Yes ☐ No

Are you at least 18 years of age? ☐ Yes ☐ No

Do you have reliable transportation to your assigned work locations? ☐ Yes ☐ No

Do you have a valid driver's license? ☐ Yes — State: _____ ☐ No

SECTION B — POSITION APPLIED FOR & AVAILABILITY

Position(s) applying for (select all that apply) ☐ Direct Care / Service Staff ☐ Administrative / Office Staff ☐ Scheduling / Care Coordination ☐ Outreach / Marketing ☐ Management / Supervisory ☐ Open to any suitable role ☐ Other: _____

Employment type ☐ Full-time ☐ Part-time ☐ Per diem / as needed

Availability — check all that apply:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning (6 AM–12 PM)	☐	☐	☐	☐	☐	☐	☐
Afternoon (12 PM–6 PM)	☐	☐	☐	☐	☐	☐	☐
Evening (6 PM–10 PM)	☐	☐	☐	☐	☐	☐	☐
Overnight / Sleeper (10 PM–7 AM)	☐	☐	☐	☐	☐	☐	☐

Earliest available start date _____ **Minimum guaranteed hours needed per week** _____

Are you available to work holidays? ☐ Yes ☐ No ☐ Some holidays — specify: _____

Are you available for overnight shifts? ☐ Yes ☐ No ☐ Open to discussion

Are you willing to work with clients who have pets in the home? ☐ Yes ☐ No ☐ Depends

Geographic area(s) or towns you can serve *(We serve Wilmington and surrounding communities)* _____

Any schedule restrictions or commitments we should know about _____

SECTION C — WORK EXPERIENCE

List your three most recent positions, starting with the most recent. You may attach a resume in addition to completing this section.

Employer 1

Employer Name _____ **Your Job Title / Role** _____

Start Date _____ **End Date** _____

City, State _____ **Phone Number** _____

Primary duties and responsibilities _____

Reason for leaving _____

May we contact this employer? ☐ Yes ☐ No ☐ Contact after offer

Employer 2

Employer Name _____ **Your Job Title / Role** _____

Start Date _____ **End Date** _____

City, State _____ **Phone Number** _____

Primary duties and responsibilities _____

Reason for leaving _____

May we contact this employer? ☐ Yes ☐ No ☐ Contact after offer

Employer 3

Employer Name _____ **Your Job Title / Role** _____

Start Date _____ **End Date** _____

City, State _____ **Phone Number** _____

Primary duties and responsibilities _____

Reason for leaving _____

May we contact this employer? ☐ Yes ☐ No ☐ Contact after offer

SECTION C (CONTINUED) — CONDITIONAL SERVICE-ROLE EXPERIENCE

Complete this section only if applying for a client-facing service role. Have you previously worked as a home care aide, personal care support worker, companion, homemaker, service staff member, or similar support role? ☐ Yes ☐ No ☐ Not applicable

Have you supported someone with dementia or Alzheimer's disease? ☐ Yes ☐ No

Have you assisted clients with transfers, ambulation, or mobility support? ☐ Yes ☐ No

Have you provided personal care support (bathing, grooming, dressing, toileting)? ☐ Yes ☐ No

Have you provided overnight support (sleeper or awake shift)? ☐ Yes ☐ No

Describe any relevant service support, home care, or related support _____

experience not covered above

SECTION D — EDUCATION & CERTIFICATIONS

Institution / School	Level Completed or Degree	Field of Study / Major	Year
	☐ High school diploma / GED		
	☐ Some college		
	☐ Associate's degree		
	☐ Bachelor's degree or higher		
	☐ Vocational / trade program		

Certifications / Licenses — list any relevant credentials:

Certification / License	Issuing Organization	Expiration Date	Certificate on File?
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No

SECTION E — PROFESSIONAL REFERENCES

Provide at least two professional references who can speak to your work performance, reliability, and character. Former supervisors or co-workers are preferred. Personal references, including family members, are not accepted.

Reference 1

Reference Full Name _____ **Relationship to You / How They Know You** _____

Employer / Organization _____ **Title** _____

Phone Number _____ **Email (optional)** _____

Years known _____ **Best time to contact** _____

Reference 2

Reference Full Name _____ **Relationship to You / How They Know You** _____

Employer / Organization _____ **Title** _____

Phone Number _____ **Email (optional)** _____

Years known _____ **Best time to contact** _____

Reference 3

Reference Full Name _____ **Relationship to You / How They Know You** _____

Employer / Organization _____ **Title** _____

Phone Number _____ **Email (optional)** _____

Years known _____ **Best time to contact** _____

SECTION F — ADDITIONAL QUESTIONS

Please answer all application questions honestly. Background checks, CORI acknowledgment forms, reference authorizations, and any required pre-hire screening documents will be handled later in the hiring process if you are advanced for consideration.

Do you have any schedule, availability, or work-location limitations that may affect the role(s) you are applying for? ☐ No ☐ Yes — please explain below

If yes, explain _____

Have you ever been terminated, asked to resign, or left a job under adverse circumstances? ☐ No ☐ Yes — please explain below

If yes, explain _____

Are you currently under any court order or restriction that would affect your ability to work with elderly, disabled, or vulnerable adults? ☐ No ☐ Yes — please explain below

If yes, explain _____

Have you ever had a substantiated finding of abuse, neglect, or exploitation of a vulnerable adult or child in any state? ☐ No ☐ Yes — please explain below

If yes, explain _____

Are you able to perform the essential functions of the position, with or without reasonable accommodation? ☐ Yes ☐ No — please explain below

If no, explain _____

How did you hear about this position? _____

If referred by a current employee or contact, please provide their name _____

Is there anything else you would like us to know about your qualifications, availability, or interest in this position? _____

CONDITIONAL SERVICE STAFF POSITION DESCRIPTIONS

Review this section only if applying for a client-facing service role such as PCW, Companion, Homemaker, or another direct-service position.

PERSONAL CARE SUPPORT WORKER (PCW)

Provide hands-on assistance with activities of daily living as authorized in each client's service plan.

Core Duties:

- Bathing and grooming assistance (bed bath, tub/shower, sponge bath, oral hygiene, denture care)
- Dressing and undressing, including proper technique for affected and unaffected limbs
- Toileting assistance and incontinence care
- Transfer and ambulation assistance using appropriate technique and gait belt when indicated
- Anti-emboli stocking application when included in the service plan
- Medication reminders only (do not administer, handle, prepare, or set up medications)
- Meal preparation and feeding assistance as authorized
- Light housekeeping, laundry, and errands as authorized
- Companion duties as needed and authorized
- EVV clock-in and clock-out on every shift — non-negotiable
- Visit Note completed on the day of every visit
- Report all incidents, changes in client status, and concerns to the Agency on the same day

COMPANION

Provide social support and non-personal-care assistance to clients in their home.

Core Duties:

- Companionship, conversation, and social engagement
- Assistance with correspondence, letter reading, and bill-paying when authorized
- Accompaniment when the client has arranged transportation separately
- Safety monitoring and prompt reporting of concerns to Agency
- Light meal preparation and errand assistance as authorized
- EVV clock-in and clock-out on every shift

- Visit Note completed on the day of every visit
- Maintain confidentiality at all times

HOMEMAKER

Provide household and daily-living support to help clients maintain a safe, clean home.

Core Duties:

- Meal preparation and feeding assistance when authorized in the client's service plan
- Light housekeeping — kitchen, bathroom, common areas
- Laundry — wash, dry, fold, put away; change bed linens
- Grocery shopping and general errands with client funds accountability when authorized
- Kitchen safety — proper food handling, storage, and cleanup
- Companion duties as authorized
- EVV clock-in and clock-out on every shift
- Visit Note completed on the day of every visit

All Roles — What You Will Never Be Asked to Do:

✗ Administer, prepare, or handle medications
✗ Perform nursing, clinical, or skilled-service procedures
✗ Make medical decisions on behalf of any client
✗ Transport clients in your personal vehicle
✗ Accept cash, loans, or gifts of any significant value from clients or families
✗ Witness or sign any legal documents on behalf of a client

Minimum Requirements — All Roles:

Requirement	Details
Age	Must be at least 18 years old at time of hire
Work authorization	Must be legally authorized to work in the United States
Background check	Employment may be contingent upon satisfactory completion of legally permitted background checks
References	Minimum 2 professional references verified prior to hire
Physical ability	Must be able to perform role-specific duties as described above
Transportation	Must have reliable transportation to assigned client locations
Communication	Must be able to communicate effectively with clients, families, and Agency staff
Documentation	Must be able to complete written visit notes and use EVV system as trained

APPLICATION CERTIFICATION & SIGNATURES

Read carefully before signing. This is the final page of your application.

APPLICANT CERTIFICATION

By signing this application, I certify and acknowledge the following:

☐ All information I have provided in this application is true, accurate, and complete to the best of my knowledge. I understand that providing false or misleading information may result in rejection of my application or, if discovered after hire, termination of employment.

☐ I authorize the Agency to verify any information I have provided, including contacting former employers, educational institutions, and any references listed.

☐ I understand that this application does not constitute an offer of employment and that employment is at-will, meaning either party may end the employment relationship at any time for any reason not prohibited by law.

☐ I understand that if I am advanced in the hiring process or offered employment, employment may be contingent upon satisfactory completion of legally permitted background checks, reference verification, and all applicable pre-assignment requirements.

☐ I understand the scope of duties for the role(s) I am applying for. If I am applying for a client-facing service role, I have reviewed the conditional service staff position descriptions and understand what I am and am not authorized to do in that role.

☐ I understand that Health Angels Home Care Providers LLC is an equal opportunity employer and that all employment decisions are made without regard to race, color, religion, sex, national origin, age, disability, sexual orientation, or other protected characteristics.

☐ I have had the opportunity to ask questions about the position and this application process, and I understand that additional applicant questions may be directed to the Agency at (617) 588-5020 or careers@healthangels.net.

Applicant Signature

Name	**Signature**	**Date**
Applicant Full Name (print)	Applicant Signature	Date