VivaPath
HOME CARE
LIFE. CARE. COMPASSION. EVERY STEP OF THE WAY.

VivaPath Caregiver Application Form

Homemaker & Companion Services — Miami-Dade County, FL

Personal Information

Full Name _____ **Phone Number** _____

Email Address _____

Home Address _____ **City / State / ZIP** _____

Preferred Contact Method:
☐ Phone ☐ Text ☐ Email

Emergency Contact #1 (Primary)

Name _____ **Phone** _____ **Relationship** _____

Emergency Contact #2 (Secondary — Optional)

Name _____ **Phone** _____ **Relationship** _____

Eligibility

Legally authorized to work in the United States?
☐ Yes ☐ No

Valid Driver's License?

☐ Yes ☐ No

Reliable Transportation?
☐ Yes ☐ No

Willing to work in homes with pets?
☐ Yes ☐ No ☐ Depends

Willing to work in a smoker's home?
☐ Yes ☐ No ☐ Depends

Position Applying For

VivaPath Home Care is an AHCA-licensed Homemaker & Companion Services agency. This position does not involve personal/hands-on care, medication administration, or any skilled nursing task.

☐ Companion Caregiver ☐ Homemaker Caregiver ☐ Both / No Preference

Education

Highest Education Completed:
☐ High School Diploma ☐ GED ☐ Technical School
☐ Some College ☐ Associate Degree ☐ Bachelor's Degree
☐ Other

If Other, please specify:

Caregiving Experience

Years of Companion / Homemaker Experience:
☐ <1 year ☐ 1–2 years ☐ 3–5 years ☐ 5+ years

Experience Areas — Check All That Apply:

Companion & Homemaker Tasks:
☐ Meal Preparation ☐ Light Housekeeping
☐ Laundry / Linen Changes ☐ Companionship
☐ Cognitive Engagement ☐ Dementia / Alzheimer's Support
☐ Safety Supervision & Fall Prevention ☐ Transportation / Errands
☐ Activity Participation

Medication Support:
☐ Medication Reminders ONLY (no administration or handling)

Certifications (if any)

☐ CPR / First Aid ☐ Alzheimer's / Dementia Training
☐ Home Safety / Fall Prevention Training ☐ Other

If Other, please specify:

Language Skills

☐ English ☐ Spanish ☐ Haitian Creole

☐ French ☐ Portuguese ☐ Other

If Other, please specify:

Availability

Days Available:

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday

☐ Friday ☐ Saturday ☐ Sunday

Shifts Preferred:

☐ Morning ☐ Afternoon ☐ Evening

☐ Overnight ☐ Live-In ☐ Split Shifts

Hours Desired:

☐ 10–20 hrs/week (Part-Time) ☐ 20–30 hrs/week (Part-Time)

☐ 30+ hrs/week (Full-Time) ☐ Live-In (Full-Time)

☐ PRN / As Needed ☐ On-Call

Available Start Date:

Background Requirements

Willing to complete a Level 2 Background Check (AHCA)?

☐ Yes ☐ No

Willing to complete fingerprinting?

☐ Yes ☐ No

Any disqualifying offenses under AHCA or Florida law?

☐ No ☐ Yes (explain below)

Explanation:

Work History — Most Recent

Employer

Position

Dates of Employment

Reason for Leaving

Supervisor Name & Phone

Work History — Previous

Employer

Position

Dates of Employment

Reason for Leaving

Supervisor Name & Phone

Professional References

Reference 1 Name | **Phone** | **Relationship**

Reference 2 Name | **Phone** | **Relationship**

Skills Self-Assessment

Communication Skills:
☐ Excellent ☐ Good ☐ Fair

Patience & Compassion:
☐ Excellent ☐ Good ☐ Fair

Ability to Work Independently:
☐ Excellent ☐ Good ☐ Fair

Problem-Solving:
☐ Excellent ☐ Good ☐ Fair

Reliability & Punctuality:
☐ Excellent ☐ Good ☐ Fair

Short Response Questions

Why do you want to work with VivaPath Home Care?

Describe a companion or homemaker situation you handled well:

What makes you a dependable caregiver?

Included Copies

☐ Resume (Required) ☐ CPR Certification (Required)

☐ Driver's License / State ID (Optional / Not Currently Needed) ☐ Social Security Card (optional)

☐ Proof of Eligibility to Work (optional) ☐ Other

If Other, please specify:

Applicant Agreement

By submitting this application, I confirm that all information provided is accurate and complete; that employment depends on all required screenings; that VivaPath Home Care may verify all references and work history; and that false or misleading information may result in termination.

Applicant Name (Print) **Date**

Applicant Signature