TOUCH OF AN ANGEL'S CARE, LLC

BECAUSE EVERY SENIOR DESERVES MORE

HUMAN RESOURCES & HIRING

EMPLOYMENT APPLICATION

HR-001 | Version 1.0 | Revision Date: August 6, 2026

Because Every Senior Deserves More.

APPLICANT NAME

POSITION APPLIED FOR

Touch Of An Angel's Care, LLC

Houston, Texas and surrounding communities

Please complete all applicable sections. Write N/A where an item does not apply.

1. APPLICANT INSTRUCTIONS

• Complete this application in ink or electronically. Answer each question fully and accurately. Do not leave material omissions; use N/A when appropriate.

• Attach additional pages if needed for employment history or explanations. Do not include information that is not requested.

• Employment consideration is based on qualifications, experience, availability, job-related requirements, references, and other lawful factors. Touch Of An Angel's Care, LLC is committed to fair and respectful hiring practices.

• Caregiving assignments may require dependable attendance, client confidentiality, professional conduct, safe mobility assistance, and travel to client homes within the service area.

• Any offer may be conditioned on completion of lawful pre-employment requirements applicable to the position, which may include identity/work authorization documentation, reference verification, driving-record review when driving is job-related, and background screening with required notices and authorizations.

2. OFFICE USE ONLY

Application Received		**Interview Date**	
Reviewer		**Source/Referral**	
Position Considered		**Proposed Pay Rate**	
Background Package	☐ Not Started ☐ Pending ☐ Complete	**References**	☐ Pending ☐ Complete
Disposition	☐ Advance ☐ Hold ☐ Decline	**Start Date**	

3. PERSONAL & CONTACT INFORMATION

Legal Last Name	**First Name**	**Middle Name**
Preferred Name	**Phone Number**	**Email Address**
Street Address	**Apartment/Unit**	
City	**State**	**ZIP Code**

☐ 18 years of age or older ☐ Under 18

If under 18, can you provide required authorization to work? ☐ Yes ☐ No ☐ N/A

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

Will you now or in the future require employer sponsorship for employment authorization? ☐ Yes ☐ No

4. POSITION & EMPLOYMENT TYPE

Position Applied For	Desired Start Date	Desired Hourly Rate

☐ Full-Time ☐ Part-Time ☐ PRN/As Needed ☐ Temporary

☐ Days ☐ Evenings ☐ Overnights ☐ Weekends ☐ Live-In (if applicable)

Are you willing to work holidays when scheduled? ☐ Yes ☐ No Are you willing to accept short-notice shifts? ☐ Yes ☐ No

Have you previously applied to or worked for Touch Of An Angel's Care, LLC? ☐ No ☐ Yes If yes, date/position: _____

How did you hear about us? ☐ Referral ☐ Social Media ☐ Website ☐ Job Board ☐ Event ☐ Other: _____

5. WEEKLY AVAILABILITY

Check each period you are consistently available. Add exact times or restrictions in the notes section.

Day	Morning 6am-12pm	Afternoon 12pm-5pm	Evening 5pm-10pm	Overnight 10pm-6am
Monday	☐ Available Time: _____	☐ Available Time: _____	☐ Available Time: _____	☐ Available Time: _____
Tuesday	☐ Available Time: _____	☐ Available Time: _____	☐ Available Time: _____	☐ Available Time: _____
Wednesday	☐ Available Time: _____	☐ Available Time: _____	☐ Available Time: _____	☐ Available Time: _____
Thursday	☐ Available Time: _____	☐ Available Time: _____	☐ Available Time: _____	☐ Available Time: _____
Friday	☐ Available Time: _____	☐ Available Time: _____	☐ Available Time: _____	☐ Available Time: _____
Saturday	☐ Available Time: _____	☐ Available Time: _____	☐ Available Time: _____	☐ Available Time: _____
Sunday	☐ Available Time: _____	☐ Available Time: _____	☐ Available Time: _____	☐ Available Time: _____

Availability notes, recurring restrictions, school schedules, second-job commitments, or dates unavailable:

Minimum weekly hours desired: _____ Maximum weekly hours desired: _____ Earliest shift start: _____ Latest shift end: _____

6. TRANSPORTATION, DRIVER'S LICENSE & TRAVEL

Do you have dependable transportation to report to client assignments? ☐ Yes ☐ No

Do you currently hold a valid driver's license? ☐ Yes ☐ No State: _____ Expiration: _____

Do you have current automobile insurance if you will use a personal vehicle for work-related travel? ☐ Yes ☐ No ☐ N/A

Are you willing to transport clients when specifically authorized and assigned? ☐ Yes ☐ No

Travel radius from your home/base: ☐ 5 miles ☐ 10 miles ☐ 15 miles ☐ 20 miles ☐ 25+ miles ☐ Other: _____ miles

Areas/communities you prefer or cannot serve:

7. EDUCATION & TRAINING

School / Training Provider	City/State	Years	Diploma / Credential	Completed?

8. CERTIFICATIONS & SPECIALIZED TRAINING

Certification/Training	Status / Expiration	Certification/Training	Status / Expiration
☐ CNA	Expires: _____	☐ HHA	Expires: _____
☐ PCA	Expires: _____	☐ CPR	Expires: _____
☐ First Aid	Expires: _____	☐ Dementia/Alzheimer's	Expires: _____
☐ Hospice/End-of-Life	Expires: _____	☐ Medication Assistance/Reminders	Expires: _____
☐ Fall Prevention	Expires: _____	☐ Safe Transfers/Body Mechanics	Expires: _____
☐ Food Safety	Expires: _____	☐ Other	Expires: _____

Attach copies of current certifications requested for the position. Original documents may be reviewed during onboarding.

9. CAREGIVER SKILLS & EXPERIENCE CHECKLIST

Mark your current level for each task. "Can perform" means you can perform the task safely and within the non-medical scope assigned by the company.

Skill / Task	Can Perform	Need Training	No Experience	Years / Notes
Bathing / shower assistance	☐	☐	☐	
Dressing	☐	☐	☐	
Grooming / oral care	☐	☐	☐	
Toileting / incontinence care	☐	☐	☐	
Transfers bed/chair	☐	☐	☐	
Mobility / ambulation assistance	☐	☐	☐	
Gait belt use	☐	☐	☐	
Hoyer/mechanical lift experience	☐	☐	☐	
Repositioning / pressure-relief awareness	☐	☐	☐	
Meal preparation	☐	☐	☐	
Feeding assistance	☐	☐	☐	
Medication reminders only	☐	☐	☐	
Companionship / conversation	☐	☐	☐	
Light housekeeping	☐	☐	☐	
Laundry / linen changes	☐	☐	☐	
Dementia / Alzheimer's care	☐	☐	☐	
Hospice / end-of-life support	☐	☐	☐	
Client transportation	☐	☐	☐	
Errands / shopping	☐	☐	☐	
Fall-prevention awareness	☐	☐	☐	
Safety observation / reporting changes	☐	☐	☐	

Skill / Task	Can Perform	Need Training	No Experience	Years / Notes
Documentation / care notes	☐	☐	☐	
Pet-friendly home comfort	☐	☐	☐	
Overnight supervision	☐	☐	☐	

Equipment note: List brands/types of transfer or mobility equipment you have used, and describe any formal training:

10. EMPLOYMENT HISTORY

List your three most recent employers, beginning with the most recent. Account for relevant caregiving/home-care experience. Additional sheets may be attached.

EMPLOYER 1

Employer / Organization		Phone Number
Address / City / State		**Supervisor Name & Title**

Job Title	Start Date	End Date
Starting Pay	**Ending Pay**	**Permission to Contact?**

Duties and responsibilities:

Reason for leaving:

EMPLOYER 2

Employer / Organization		Phone Number
Address / City / State		**Supervisor Name & Title**

Job Title	Start Date	End Date
Starting Pay	**Ending Pay**	**Permission to Contact?**

Duties and responsibilities:

Reason for leaving:

10. EMPLOYMENT HISTORY - CONTINUED

EMPLOYER 3

Employer / Organization		Phone Number
Address / City / State		**Supervisor Name & Title**
Job Title	**Start Date**	**End Date**
Starting Pay	**Ending Pay**	**Permission to Contact?**

Duties and responsibilities:

Reason for leaving:

11. PROFESSIONAL REFERENCES

Provide three professional references who can speak to your reliability, conduct, work quality, or caregiving experience. Do not list relatives unless specifically requested.

Name	Relationship	Company/Role	Phone	Email	Years Known

May we contact the references listed above as part of the selection process? ☐ Yes ☐ No

12. BEHAVIORAL & CULTURE-FIT QUESTIONS

Please answer in your own words. We use these questions to understand how you approach senior care, teamwork, reliability, and professional responsibility.

Compassion: Describe a time you helped someone feel safe, respected, or less alone.

Integrity: What would you do if you made a mistake during a client assignment or noticed a coworker failing to follow a care instruction?

Respect: How do you protect a client's dignity when assisting with personal care or when a client refuses help?

Excellence: Give an example of how you go beyond the minimum while still following instructions and professional boundaries.

Reliability: If an emergency could make you late or absent for a scheduled shift, what steps would you take?

Professionalism: How do you handle confidential information, family disagreements, or requests that fall outside your assigned duties?

Teamwork & Accountability: Describe how you communicate changes in a client's condition or routine to the appropriate supervisor and team members.

13. APPLICANT CERTIFICATION & ACKNOWLEDGMENT

I certify that the information I have provided in this application and any accompanying materials is true, complete, and accurate to the best of my knowledge. I understand that material misrepresentation, omission, or falsification may result in withdrawal of an offer or termination of employment, subject to applicable law. I understand that completion of this application does not guarantee an interview or employment. I agree to provide documentation of job-related licenses, certifications, identity/work authorization, and other lawful employment requirements when requested.

14. AUTHORIZATION FOR REFERENCE / EMPLOYMENT VERIFICATION & BACKGROUND SCREENING

I authorize Touch Of An Angel's Care, LLC and its authorized representatives to contact the employers, supervisors, educational institutions, training providers, and professional references I have identified to verify job-related information. I authorize those persons and organizations to provide truthful job-related information in response to such inquiries, subject to applicable law.

I understand that the company may require a background screening for positions involving client trust, access to client homes, transportation, or other job-related responsibilities. If a consumer report or investigative consumer report is obtained from a third-party consumer reporting agency, I understand that any disclosure, authorization, pre-adverse action notice, copy of the report, summary of rights, and adverse action notice required by the Fair Credit Reporting Act or other applicable law will be provided through separate forms and procedures. This paragraph is not intended to replace any legally required stand-alone disclosure or authorization.

Applicant authorization for reference/employment verification: ☐ I authorize ☐ I do not authorize

Applicant acknowledges that any third-party background-screening authorization may require a separate stand-alone form: ☐ Yes

15. EMPLOYMENT-AT-WILL ACKNOWLEDGMENT

If hired in Texas, I understand that employment with Touch Of An Angel's Care, LLC is intended to be at will unless a written agreement signed by an authorized company representative expressly states otherwise. This means either the employee or the company may end the employment relationship at any time, with or without advance notice, and with or without cause, subject to applicable law. I understand that policies, handbooks, schedules, or verbal statements do not create a guarantee of employment for any specific duration unless expressly stated in an authorized written agreement.

16. APPLICANT SIGNATURE

Applicant Printed Name	Applicant Signature	Date

Email Address	Phone Number

17. THE ANGEL PROMISE

BECAUSE EVERY SENIOR DESERVES MORE.

If selected to join Touch Of An Angel's Care, LLC, I promise to serve each client with compassion, integrity, respect, excellence, reliability, professionalism, teamwork, and accountability. I will protect each client's dignity, privacy, safety, and right to be treated as a person first. I will arrive prepared, communicate responsibly, follow the assigned care plan and company policies, remain within my authorized non-medical role, report concerns promptly, and never compromise trust for convenience. I understand that families depend on us not only for tasks, but for peace of mind.

I understand and accept The Angel Promise as a standard of conduct I am expected to uphold if hired.

Applicant Signature	Date

18. HR INTERVIEW REVIEW & HIRING RECOMMENDATION

For company use only. Complete after interview, verification steps, and job-related screening requirements.

Compassion / client-centered mindset	☐ Strong ☐ Meets ☐ Concern	Notes:
Reliability / attendance readiness	☐ Strong ☐ Meets ☐ Concern	Notes:
Communication / professionalism	☐ Strong ☐ Meets ☐ Concern	Notes:
Caregiving skills / safe practices	☐ Strong ☐ Meets ☐ Concern	Notes:
Availability / schedule fit	☐ Strong ☐ Meets ☐ Concern	Notes:
Transportation / travel fit	☐ Strong ☐ Meets ☐ Concern	Notes:
References / work history	☐ Strong ☐ Meets ☐ Concern	Notes:
Overall culture fit	☐ Strong ☐ Meets ☐ Concern	Notes:
Hiring Recommendation	☐ Recommend ☐ Conditional ☐ Hold ☐ Do Not Recommend	Rationale:

Final interview / hiring notes:

Interviewer / Reviewer	**Signature**	**Date**
Approved Position	**Approved Pay Rate**	**Proposed Start Date**

Final Status: ☐ Hired ☐ Conditional Offer ☐ Talent Pool ☐ Not Selected ☐ Withdrew

Recordkeeping note: Retain completed hiring records in accordance with company retention procedures and applicable law. Restrict access to authorized personnel.