

Vital Health Home Care Employment Application

Blank printable office copy. Complete only sections that apply. Attach supporting records separately.

Privacy and coverage notice: Do not email protected health information through ordinary email. Submission does not guarantee coverage, authorization, employment, service availability, or fulfillment. Payer policy and product-specific requirements control. Call 911 for emergencies.

Applicant Information

Full Name	_____
Preferred Phone	_____
Email Address	_____
Home Address	_____
County	_____
Preferred Contact Method	☐ _____ ☐ Other: _____
Position and Availability	_____
Position(s) Applied For	_____
Employment Status Sought	☐ _____ ☐ Other: _____
Preferred Shifts	_____
Earliest Start Date	____ / ____ / ____
Counties or Service Areas Willing to Work In	_____

Availability

Eligibility and Transportation	_____
Do you have reliable transportation?	☐ Yes ☐ No ☐ N/A Details: _____
Do you hold a valid driver's license?	☐ Yes ☐ No ☐ N/A Details: _____
Are you authorized to work in the United States?	☐ Yes ☐ No ☐ N/A Details: _____
Are you 18 years of age or older?	☐ Yes ☐ No ☐ N/A Details: _____
Licensure, Credentials, and Experience	_____
License or Certification Type	☐ _____ ☐ Other: _____
License or Certification Number	_____
Issuing State	_____
License or Certification Expiration Date	____ / ____ / ____
Years of Relevant Experience	_____
CPR / First Aid Status	☐ _____ ☐ Other: _____
TB Screening Status	☐ _____ ☐ Other: _____
Employment History and Education	_____ _____
Employment History	_____ _____
Education and Training	_____

VITAL HEALTH SERVICES, LLC

Vital Health Home Care | 7048 Knightdale Blvd., Suite 101, Knightdale, NC 27545 | Phone (919) 679-3022 | Fax (888) 398-8099

Current or Most Recent Employer Details	_____ _____
References and Motivation	_____

Professional References

Why do you want to work with Vital Health Home Care?	☐ Yes ☐ No ☐ N/A Details: _____
File Uploads	☐ Attached ☐ To follow ☐ Not applicable
Résumé	_____
Professional License or Certification	_____
CPR / First Aid Card	_____
Supporting Documents	☐ Attached ☐ To follow ☐ Not applicable
Acknowledgments and Signature	Signature: _____
Acknowledgments	_____
Consent	_____
Electronic Signature and Date	Signature: _____
Submit Application	_____

Office use only

Date received	
Intake staff	
Missing documentation follow-up	
Status / reference number	