

# Employment Application

Please Print

Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Name: Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Physical Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Cell Phone No: \_\_\_\_\_ Home Phone No: \_\_\_\_\_

E-mail: \_\_\_\_\_ Do you check e-mail often?  YES  NO

Position Applying for: \_\_\_\_\_ Salary expected: \_\_\_\_\_

Are you at least 18 years of age?  YES  NO (If you are under 18, you hire is subject to verification that you are of a minimum legal age)

If hired, can you present evidence of your U.S Citizenship or proof of your legal right to live and work in this country?  YES  NO

## EXPERIENCE

Please list your employment history for the last 5 years, beginning with the most recent.

Most recent employer \_\_\_\_\_ May we contact this employer for a reference?  YES  NO

Position held \_\_\_\_\_ Date of employment From: \_\_\_\_\_ To: \_\_\_\_\_

Employer address \_\_\_\_\_ Employer phone number \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Starting wage \_\_\_\_\_ Ending wage \_\_\_\_\_

Most recent employer \_\_\_\_\_ May we contact this employer for a reference?  YES  NO

Position held \_\_\_\_\_ Date of employment From: \_\_\_\_\_ To: \_\_\_\_\_

Employer address \_\_\_\_\_ Employer phone number \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Starting wage \_\_\_\_\_ Ending wage \_\_\_\_\_

Most recent employer \_\_\_\_\_ May we contact this employer for a reference?  YES  NO

Position held \_\_\_\_\_ Date of employment From: \_\_\_\_\_ To: \_\_\_\_\_

Employer address \_\_\_\_\_ Employer phone number \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Starting wage \_\_\_\_\_ Ending wage \_\_\_\_\_

Most recent employer \_\_\_\_\_ May we contact this employer for a reference?  YES  NO

Position held \_\_\_\_\_ Date of employment From: \_\_\_\_\_ To: \_\_\_\_\_

Employer address \_\_\_\_\_ Employer phone number \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Starting wage \_\_\_\_\_ Ending wage \_\_\_\_\_

## EDUCATION AND TRAINING

Name & Address

Number of Years Completed

Did you Graduate?

Degree or Diploma

High School: \_\_\_\_\_

College/University: \_\_\_\_\_

Vocational/Business: \_\_\_\_\_

Health Care: \_\_\_\_\_

Please list below any certifications you hold (i.e. First Aid, CPR, Administrator, etc) \_\_\_\_\_

Please list any classes taken or trainings you have completed that are relevant to your job as a caregiver? \_\_\_\_\_

## MOTIVATION

How come you want to work as a caregiver for the elderly? \_\_\_\_\_

What are your work and career goals for the next 2-5 years? \_\_\_\_\_

## TRANSPORTATION

Do you have a valid driver's license?  YES  NO

Do you have your own reliable car?  YES  NO

If hired, can you provide proof of car insurance?  YES  NO

Are you able and willing to provide transportation for clients?  YES  NO

## EXPERIENCE AND SKILLS

How much experience do you have working with the elderly? \_\_\_\_\_ Years \_\_\_\_\_ Months

Do you have experience cooking for others?  YES  NO

Are you confident of your ability to cook tasty, balanced meals?  YES  NO

Are you able and willing to do housekeeping tasks?  YES  NO

Are you able and willing to provide personal care such as bathing?  YES  NO

Are you able and willing to take care of someone who is on hospice?  YES  NO

Do you have experience taking care of someone with dementia?  YES  NO

Can you safely lift up to 25 pounds?  YES  NO

Do you have any physical limitations that you know of which may prevent you from assisting a client in any way?  YES  NO

Which transfer methods do you have training and experience using? (check all that apply)

Basic transferring (bed to chair, chair to stand, etc.)  Helping client in and out of car

Hoyer lift  Transfer board

None

## AVAILABILITY

How many hours do you want to work each week? \_\_\_\_\_ What hours would you be available each day?

Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_

Would you be able to work weekends?  YES  NO

Would you be available to work 24 hour shifts that you require you to sleep over in the client's home?  YES  NO

Would you be available to work overnight shifts that require you to stay awake during the night?  YES  NO

Would you be available for fill-in shifts in emergencies?  YES  NO

What areas (towns) do you want to work in? \_\_\_\_\_

How many miles are you willing to drive for work? \_\_\_\_\_

## REFERENCES

Please list 3 persons, not related to you, who are able to give a personal character reference.

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Occupation \_\_\_\_\_ Number of years acquainted \_\_\_\_\_

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Occupation \_\_\_\_\_ Number of years acquainted \_\_\_\_\_

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Occupation \_\_\_\_\_ Number of years acquainted \_\_\_\_\_

Please list 3 persons, not related to you, who are able to give a professional reference.

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Occupation \_\_\_\_\_ Number of years acquainted \_\_\_\_\_

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Occupation \_\_\_\_\_ Number of years acquainted \_\_\_\_\_

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Occupation \_\_\_\_\_ Number of years acquainted \_\_\_\_\_

Please read the following completely and carefully and sign and date below.

The following waiver contains important legal consequences.

Under penalty of perjury, I hereby certify that all statements made herein are true and correct to the best of my knowledge and authorize investigation of all statements herein recorded. Further, I understand that any false or incomplete statements made may be cause for non-employment or dismissal if employed. I release and hold harmless all persons and organizations providing any information, references, or data to be utilized by the Company to determine my qualifications for employment. I understand that I may request a description of the nature and scope of information sought. A photocopy of this authorization may be considered as an original for this purpose.

It is understood that if I employed, the offer of employment will be contingent upon submitting to and passing a several background screenings including a pre-employment drug test, health screening and TB test, criminal records review, live-scan fingerprinting, DMV record check, and reference checks. I authorize the company and/or its agents to conduct and/or review the required background screenings. I am willing to submit to all required background screenings including drug testing to detect the use of illegal drugs prior to and during employment.

I understand that if employed, I may be assigned to work in facilities governed in part by the California Code of Regulations, Title 22 and the California Health and Safety Code. Documentation of my required health screening and criminal record statement may be reviewed by the authorized representatives of the facilities I am assigned to as well as by the Department of Social Services, Community Care Licensing authorized representative, pursuant to Title 22 requirements.

I agree that if employed, I will abide by all policies and procedures established by the company. I also understand that submission of this application does not guarantee my employment. Further, I understand that if I am hired, nothing herein modifies in any way my "at-will" employment relationship with the company.

---

Applicant's Name (please print)

Signature of Applicant

Date

## CRIMINAL RECORD STATEMENT

State law requires that persons associated with licensed facilities be fingerprinted and disclose any conviction. A conviction is any plead of guilty or *nolo contendere* (no contest) or a verdict of guilty. Live scan fingerprints will be used to obtain a copy of any criminal history you may have.

Have you ever been convicted of a crime in California?  YES  NO

Have you ever been convicted of a crime from another state, federal court, military or jurisdiction outside of the U.S.?  YES  NO

You must disclose convictions, including reckless and drunk driving convictions even if it happened a long time ago, it was only a misdemeanor, you didn't have to go to court, you had no jail time, you received a certificate of rehabilitation, or the conviction was later dismissed, set aside or the sentence was suspended.

If you answer YES, provide the following information:

What was the offense? \_\_\_\_\_

\_\_\_\_\_

In which state and city did you commit the offense? \_\_\_\_\_

When did this occur? \_\_\_\_\_

Tell us what happened? (Use additional sheets of paper if needed) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify under penalty of perjury that the above information is true and correct to the best of my knowledge.

Name (please print) \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_