

NOTE TO APPLICANT: Please Answer All Questions. Résumés Are Not A Substitute For A Completed Application. We are an equal opportunity employer. Applicants are considered for positions without regard to veteran status, uniformed servicemember status, race, color, religion, sex, national origin, age, physical or mental disability, genetic information or any other category protected by applicable federal, state, or local laws.

THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE.

APPLICANT INFORMATION

Last Name:		First Name:		M.I.:
Street Address:				
City:		State:		ZIP:
Phone:	Email Address:		Were you referred by someone? Y / N	
Position Applying For:		Date Available:		If so, who?
Do you have an active State of CA Home Care Aide license? YES [] NO []				If YES, include HCA License No#:
Are you interested in [] FULL TIME [] PART TIME [] TEMPORARY				
Are you a U.S. citizen? YES [] NO [] If NO, are you authorized to work in the U.S.? YES [] NO []				
Have you ever worked for this company before? YES [] NO [] If so, when?				

BACKGROUND

Highest Level Grade Completed:				
Education:		Address:		
From:	To:	Did you graduate? YES [] NO [] Degree:		
Other/Certifications:				
Type:		Address:		
From:	To:	Certification or License Obtained?		
Military Service? YES [] NO []		Branch:		Date:
Rank at Discharge:		Type of Discharged:		

EMPLOYMENT HISTORY

Company:		Contact No#:		
Street Address:		Supervisor:		
Job Title:				
Responsibilities:				
Starting Salary:		Ending Salary:		Reason for Leaving:
May we contact your previous employer for a reference? YES [] NO []				
Company:		Contact No#:		
Street Address:		Supervisor:		
Job Title:				
Responsibilities:				
Starting Salary:		Ending Salary:		Reason for Leaving:
May we contact your previous employer for a reference? YES [] NO []				

EMPLOYMENT NOTES

Have you ever been terminated or asked to resign from any job? YES [] NO [] If YES, How many times? _____				
Has your employment ever been terminated by mutual agreement? YES [] NO [] If YES, How many times? _____				
Have you ever been given the choice to resign rather than be terminated? YES [] NO [] If YES, How many times? _____				
Has your drivers license ever been suspended or revoked? YES [] NO []				
If YES to any, please explain:				

EXPERIENCE

Check your personal history:

Do you have a valid Drivers License? ☐ YES ☐ NO Do you have a car? ☐ YES ☐ NO
 Can you provide proof of valid car insurance? ☐ YES ☐ NO Are you willing to transport clients? ☐ YES ☐ NO
 Can you provide a DMV driver history report? ☐ YES ☐ NO
 Have you been vaccinated for COVID-19? ☐ YES ☐ NO Date of last vaccination: _____
 If not, are you willing to be vaccinated? ☐ YES ☐ NO
 Do you have any allergies? ☐ YES ☐ NO ☐ DOG ☐ CAT ☐ OTHER: _____

Check the job title that best describes the job(s) you are applying for:

☐ Home Maker	☐ Companion	☐ Other
☐ HHA: Home Health Aide Certificate # _____		Expires on: / /
☐ HCA: Home Care Aide License # _____		Expires on: / /
☐ RN Expires on: / /	☐ LVN Expires on: / /	☐ Med Tech Expires on: / /
☐ CPR Expires on: / /	☐ First Aid Expires on: / /	☐ CMA Expires on: / /

Check the job skills you have experience in and will perform:

☐ Assistance in Ambulation	☐ Assistance in Bathing	☐ Assistance in Dressing
☐ Bed Bath	☐ Bed Pan	☐ Catheter Care
☐ Hoyer Lift / Transfer	☐ Oxygen Administration Assistance	☐ Client Positioning
☐ Range of Motion Exercise	☐ Skin Care	☐ Toileting Assistance
☐ Colostomy Care	☐ Client Transferring	☐ Hospice

Check the following conditions / diagnosis with which you have experience and job skills to care for a client:

☐ HIV / AIDS	☐ Chemotherapy/Radiation Treatment	☐ Malnutrition
☐ Agitated	☐ Congestive Heart Failure	☐ Osteoporosis
☐ Alcoholism / Drug Use	☐ Dementia	☐ Paralyzed
☐ Alzheimer's	☐ Depression	☐ Parkinson's
☐ Amputee	☐ Diabetes	☐ Pneumonia
☐ Arthritis	☐ Fractured Hip	☐ Quad or Paraplegic Care
☐ Brain Tumor	☐ Hearing Impairment	☐ Speech Impairment
☐ Cancer	☐ Hepatitis	☐ Stroke; Left / Right Side
☐ Cerebral Palsy	☐ Incontinence	☐ Ventilator Dependent
☐ Combative	☐ Kidney Dialysis	☐ Visual Impairment

Check the home medical equipment you are experienced with:

☐ Blood Pressure Kit	☐ Oxygen Tank	☐ Walker
☐ Hospital Bed	☐ Posey Gait Belt	☐ Wheelchair
☐ Hoyer Lift	☐ Thermometer	☐

ADDITIONAL EXPERIENCE

Employment disclosures, additional qualifications, summary of other employment, or related skill sets provided here, if applicable

A resume and two (2) professional references may also be attached to this employment application.



APPLICATION CERTIFICATION

I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment contingent on possessing a valid driver's license for the state in which I reside and automobile liability insurance in an amount equal to the minimum required by the state where I reside.

I understand that the Company may now have, or may establish, a drug-free workplace or drug and/or alcohol testing program consistent with applicable federal, state, and local law. If the Company has such a program and I am offered a conditional offer of employment, I understand that if a pre-employment (post-offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state, and local law. I also understand that all employees of the location, pursuant to the Company's policy and federal, state, and local law, may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or illegal or controlled drugs. If employed, I understand that the taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with the Company's policies and applicable federal, state, and local law.

If employed by the Company, I understand and agree that the Company, to the extent permitted by federal, state, and local law, may exercise its right, without prior warning or notice, to conduct investigations of property (including, but not limited to, files, lockers, desks, vehicles, and computers) and, in certain circumstances, my personal property.

I understand and agree that as a condition of employment and to the extent permitted by federal, state, and local law, I may be required to sign a confidentiality, restrictive covenant, and/or conflict of interest statement.

I certify that all the information on this application, my résumé, or any supporting documents I may present during any interview is and will be complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate dismissal.

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I authorize the Company or its agents to confirm all statements contained in this application and/or résumé as it relates to the position I am seeking to the extent permitted by federal, state, or local law. I agree to complete any requisite authorization forms for the background investigation which may be permitted by federal, state and/or local law. If applicable and allowed by law, I will receive separate written notification regarding the Company's intent to obtain "consumer reports."

I authorize and consent to, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. I hereby release, discharge, and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to the Company or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability the Company and its representative for seeking such information and all other persons, corporations, or organizations furnishing such information. Further, if hired, I authorize the company to provide truthful information concerning my employment to future employers and hold the company harmless for providing such information.

If hired by this Company, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States by this Company. I also understand this Company employs only individuals who are legally eligible to work in the United States.

Applicant Signature: _____

Date: / /

If the applicant is a minor, the foregoing release and consent must be signed by the applicant's parent or legal guardian. Signature by the applicant's parent or legal guardian constitutes acknowledgement by the applicant and the parent or legal guardian that the Company, to the extent permitted by federal, state, and local law, can test the applicant for illegal or controlled substances, conduct inspections of property without notice, and communicate test results to Company personnel who need to know, the applicant, and the applicant's legal guardian.

Parent/Guardian Signature: _____

Date: / /