



## APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, disability, medical condition, national origin or marital status

**Circle all types of work you can do. Mark the days you are available to work.**

Hourly work:	Y / N	<u>Mon</u>	<u>Tues</u>	<u>Wed</u>	<u>Thurs</u>	<u>Fri</u>	<u>Sat</u>	<u>Sun</u>
Live-In 1-2 day	Y / N							
Live-In 3 – 5 day	Y / N							

### PERSONAL INFORMATION;

Date: _____ Name: _____ Maiden Name: _____ Address: _____ City, Zip _____ Home Phone: _____ Cell Phone : _____ Email : _____ Emergency Contact: _____ Emergency Phone : _____	California HCA Registry # _____  Do you have a car you can use on the job: Y / N  Model: _____ Year: _____  Car Insurance Co. _____  Other obligations that would restrict times available to work: _____ _____
--	---

**EDUCATION: Completed High School? Y / N List courses, certifications, licenses & school attended:**

---

**Willing to get the COVID-19 Vaccine? Y / N COVID-19 Vaccine - Dose 1: \_\_\_\_\_ Dose 2: \_\_\_\_\_**

**Willing to get a COVID-19 Test? Y / N**

**Have you been tested for COVID-19? Y / N – If yes, Date: \_\_\_\_\_ (Please provide test results)**

EXPERIENCE & SKILLS:	YES	NO	EXPERIENCE & SKILLS:	YES	NO
Housekeeping			Experience with Dementia patients		
Medication reminders/ pill trays			Experience with Parkinson’s patients		
Driving clients on errands:			Helping people with Oxygen		
Cooking American type meals			Experience transferring patients – bed/chair/commode?		
Cooking for diabetics			Experience with Bed Ridden patients		
Cooking for heart patients			Experience with Hospice		
Helping people use walkers			Do you have difficulty lifting any weight for job related functions?		
Monitoring blood pressure			Do you have allergies to second hand smoke?		
Helping people bathe / shower			Do you have allergies to dogs or cats?		
Helping people with PT exercises					
Helping diabetics check Glucose					
Changing incontinence garments					
Experience with Alzheimer’s patients					

**Employment History** *Please list the last 3 most recent jobs held*

<b>1. Name of Client:</b>		
Job Title:	Start Date:	End Date:
Describe Duties:		
Reason for Leaving:		
Reference Contact:	Telephone:	

<b>2. Name of Client:</b>		
Job Title:	Start Date:	End Date:
Describe Duties:		
Reason for Leaving:		
Reference Contact:	Telephone:	

<b>3. Name of Client:</b>		
Job Title:	Start Date:	End Date:
Describe Duties:		
Reason for Leaving:		
Reference Contact:	Telephone:	

**What do you like Best / Worst about working with seniors?** \_\_\_\_\_  
\_\_\_\_\_

**I agree to receive work related text messages.** \_\_\_\_\_  
**Applicant's Signature**

Certification and Release: I certify that I have read and understand the application on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentation of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents to verify any information including but not limited to criminal history and motor vehicle driving records. I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. *I also understand that the use of illegal drugs is prohibited during employment.*

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_