

Comprehensive In Home Care, Inc.

APPLICATION FOR EMPLOYMENT

P.O. Box 825, Diamond Springs, CA 95619 --- (530)295-1130

Thank you for your interest in employment with our agency. Comprehensive In Home Care's primary mission is to help seniors remain independent at home. We assist with meals, errands, transportation, laundry, dressing and bathing, incontinence care, light housekeeping and other needed tasks. This agency is non-medical; however, we do assist those with special needs, as well as Hospice clients.

We are seeking caregivers who are warm, compassionate, patient and who love working with the elderly.

Employment details:

- Flexible Hours
- Part time and full-time hours available.
- Starting wage is \$13.25 to \$14.50
- Overtime after 9 hours per day/ 45 hours per week.
- \$100 bonus paid after 60 days of employment (with a minimum of hours worked)
- Paid sick time.
- No out of pocket licensing or background check fees.
- 5 hours of paid training.
- Online training.
- We pay all payroll taxes and worker's comp insurance.
- Select Holiday pay at time and a half
- Referral bonuses paid
- Healthcare Insurance Benefits

Once you have submitted your application, we will review it and check your references.

If we feel you will be a good fit for our company, we will call you for an in-person interview. We will then begin looking for work that fits your schedule. ***This can take upwards of two weeks and we cannot promise a set number of hours. We will do what we can to employ you the hours and schedule you request.***

When completed, please return this application by:

Mail: P.O. Box 825, Diamond Springs, CA 95619

Email: mlp@comprehensiveinhomecare.com

Fax: 530-643-7386

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Please complete the enclosed application completely. Missing information can delay your start date. Please enclose the following items or bring them with you to your interview:

- Valid driver's license
- Current Car Insurance
- Home Care Aide License Number if you have one

If hired you will also be required to obtain:

- Recent Driving Record from DMV **
- TB Test from last 90 days. If you don't have one already, you can wait until you are hired to schedule a TB test. See Note Below. **

** A DMV report can be obtained through some insurance companies, or through your local DMV office. You can also get one online through the DMV. The cost of this report as of 2016 was \$2.00 online and \$5.00 in person at DMV office.

** Completing a TB test is a requirement of employment before you can be sent into client's homes. If you have not had a TB test within the last 90 days, you will need to get one through your personal physician or the Public Health Dept. – 530-621-6100. **This is required within 7 days of hire. You will not be put into any shifts until your TB test is complete.**

CERTIFICATION AND RELEASE: I certify that I have read and understand the above information and that the answers given by me to the following 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, including consumer reporting bureaus, 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. I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment. I understand that this is application is not an offer of employment and that all offers of employment are conditional based on verification of the information I have provided.

Signature: _____

Date: _____

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Applicant Information						
Name	Email					
Street Address						
Mailing Address						
Phone – Home and Mobile ----	Do you receive text messages? <input type="checkbox"/> yes <input type="checkbox"/> no Phone Carrier:					
Do you have your CA Home Care Aide License? If yes, list license number <input type="checkbox"/> yes <input type="checkbox"/> no						
Emergency Contact						
Name	Phone					
Address	Relationship					
Transportation						
Many caregiver positions require the caregiver to transport a client. Are you willing to do this? <input type="checkbox"/> yes <input type="checkbox"/> no						
Do you have dependable transportation? <input type="checkbox"/> yes <input type="checkbox"/> no	Make, model, and color of car					
A Driver's License and proof of auto insurance will be required at time of hire. Are you able to provide these?						
Availability – We will do everything we can to accommodate your scheduling needs, but we cannot guarantee that we will be capable of providing the exact schedule and hours you request.						
Number of hours per week you would like to work	Can you do Overnight Shifts? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> maybe Can you do 12 Hour Day shifts? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> maybe	Can you be called at the last minute in case of emergency? <input type="checkbox"/> yes <input type="checkbox"/> no				
List the Days and Hours you are available to work:						
Mon:	Tues:	Weds:	Thurs:	Fri:	Sat:	Sun:
List days and hours you are unable to work:						
Mon:	Tues:	Weds:	Thurs:	Fri:	Sat:	Sun:
We require our caregivers to be available for at least one weekend a month. Can you do this? Explain: <input type="checkbox"/> yes <input type="checkbox"/> no						

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Experience

Discuss any training or experience working with the elderly

What would you like most about working with the elderly?

What would you like least about working with the elderly?

While an employee is at work with a client, it is their responsibility to provide supervision and safety to the client. Do you feel that you have any physical limitations that would prohibit you from accomplishing the tasks associated with this job? If yes, explain on reverse or let us know the circumstances during the interview

_____ YES _____ NO _____ INITIAL

Skills Please indicate whether you have assisted with or performed the following tasks for seniors.

Companionship	<input type="checkbox"/> Y <input type="checkbox"/> N	Vacuuming	<input type="checkbox"/> Y <input type="checkbox"/> N	Laundry	<input type="checkbox"/> Y <input type="checkbox"/> N
Bathing/ dressing	<input type="checkbox"/> Y <input type="checkbox"/> N	Dusting	<input type="checkbox"/> Y <input type="checkbox"/> N	Grocery shopping	<input type="checkbox"/> Y <input type="checkbox"/> N
Grooming	<input type="checkbox"/> Y <input type="checkbox"/> N	Clean bathrooms	<input type="checkbox"/> Y <input type="checkbox"/> N	Cooking	<input type="checkbox"/> Y <input type="checkbox"/> N
Incontinence	<input type="checkbox"/> Y <input type="checkbox"/> N	Clean kitchen	<input type="checkbox"/> Y <input type="checkbox"/> N	Driving	<input type="checkbox"/> Y <input type="checkbox"/> N
Transfer assist	<input type="checkbox"/> Y <input type="checkbox"/> N	Bed linen changes	<input type="checkbox"/> Y <input type="checkbox"/> N	Medication reminders	<input type="checkbox"/> Y <input type="checkbox"/> N

Education

High school	City/State	Did you graduate? Y/N
College	City/State	Major of study/ Degrees/certificates
Special skills or courses		

In what foreign language, if any, are you proficient to speak, read, or write?

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Employment History - Please go back at least five years and tell us about your work history. Use reverse side of sheet if additional space is required.

May we contact your current employer? yes no

Company	From	To
Job title	Reason left	
Duties		
Supervisor	Phone	
Company	From	To
Job title	Reason left	
Duties		
Supervisor	Phone	
Company	From	To
Job title	Reason left	
Duties		
Supervisor	Phone	
Company	From	To
Job title	Reason left	
Duties		
Supervisor	Phone	

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.

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Business References			
Name	Address	Relationship/Years known	Local Phone #
Name	Address	Relationship/Years known	Local Phone #
Name	Address	Relationship/Years known	Local Phone #
Name	Address	Relationship/Years known	Local Phone #
Name	Address	Relationship/Years known	Local Phone #
Personal References			
Name	Address	Relationship/Years Known	Local Phone #
Name	Address	Relationship/Years Known	Local Phone #
Name	Address	Relationship/Years Known	Local Phone #
Name	Address	Relationship/Years Known	Local Phone #
Name	Address	Relationship/Years Known	Local Phone #
For Our Recruitment Purposes			
How did you learn of this position? <input type="checkbox"/> Internet <input type="checkbox"/> Newspaper <input type="checkbox"/> Job Board <input type="checkbox"/> Current Employee <input type="checkbox"/> Other			
Please Provide specific name of entity checked above:			

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Signature	Date

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