



APPLICATION FOR EMPLOYMENT

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

Position: _____ Date: _____

APPLICANT INFORMATION

Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Email _____

Home Care Aide Registry #: _____

Soc. Sec. #: _____ Driver's License #: _____

How did you hear about us? _____

GENERAL INFORMATION please indicate employment desired

Part-Time Full-Time Live-In Weekend On-Call

When can you start? _____

Please provide days and hours that you are available:

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Saturday: _____

Sunday: _____

EMPLOYMENT EXPERIENCE

List your last **three** employers, starting with the present or most recent. This section must be completed regardless if a resume has been submitted.

Are you currently employed? _____ May we contact your employer? _____

How many years experience do you have in home care? _____

1. Company Name _____

City/State _____ Phone _____

Position _____ Job Duties _____

Date started _____ Last day _____

Salary _____ Reason for leaving _____

2. Company Name _____

City/State _____ Phone _____

Position _____ Job Duties _____

Date started _____ Last day _____

Salary _____ Reason for leaving _____

3. Company Name _____

City/State _____ Phone _____

Position _____ Job Duties _____

Date started _____ Last day _____

Salary _____ Reason for leaving _____

EDUCATION

	High School	College	Other
Name			
Location			
Studies			
Graduate?			

PROFESSIONAL OR PERSONAL REFERENCES

Give the names of persons not related to you, whom you have known at least one year.

Name _____ Address _____

City _____ State _____ Zip Code _____

Phone _____ Relationship _____

Name _____ Address _____

City _____ State _____ Zip Code _____

Phone _____ Relationship _____

Name _____ Address _____

City _____ State _____ Zip Code _____

Phone _____ Relationship _____

IN CASE OF EMERGENCY, CONTACT:

Name: _____

Address: _____

Phone: _____

ADDITIONAL INFORMATION

Can you provide transportation to clients? _____

What location or area would you prefer to work in? _____

Do you speak any other languages? _____

What are your hobbies/interests? _____

Have you been certified in any of the following designations?

CPR FIRST AID CNA LVN

Will you care for a: Female _____ Male _____ Both _____

Do you smoke? Yes ___ No ___ Will you care for Clients that smoke? Yes ___ No ___

Have you had a TB Test within the last year? ___ Positive _____ Negative _____

Are you allergic to cats or dogs (sometimes Clients have pets)? Yes ___ No ___

Please check ALL types of care you have provided below:

Companionship _____ Light Housekeeping _____ Laundry _____

Meal Preparation _____ Transportation _____ Medication Reminders _____

Bathing _____ Diaper Change _____ Transfer Assistance _____

Please check ALL types of Client symptoms you have cared for in the past:

Dementia _____ Depression _____ Stroke _____

Cancer _____ Blind _____ Parkinson's _____

Oxygen _____ Colostomy _____ Paralysis _____

Bed-Ridden _____ Bed Sores _____ Disabled Persons _____

Diabetes _____ Colostomy Care _____ Hospice Care _____

Heart Condition/CHF _____ Tube Feeding _____ Other: _____

APPLICANT CERTIFICATION

All applicants please read the following carefully before signing.

Print your full name below:

First Name	Middle Name	Last Name
------------	-------------	-----------

By signing below, I voluntarily certify that:

- I certify that I have read and understand the application 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, including consumers 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. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

Signature _____ **Date** _____

AUTHORIZATION

You authorize: (a) General Information Services, Inc. ("GIS") to request information about you from any public or private information source; (b) anyone to provide information about you to GIS; (c) GIS to provide us, CALIFORNIA SENIORS CARE, one or more reports based on that information; and (d) us to share those reports with others for legitimate business purposes related to your employment. GIS may investigate your education, work history, professional licenses and credentials, references, address history, social security number validity, right to work, criminal record, lawsuits, driving record, credit history, and any other information with public or private information sources. You acknowledge that an image or electronic copy of this authorization is as valid as the original. You make this authorization to be valid for as long as you are an applicant or employee with us.

The Consumer Financial Protection Bureau's "Summary of Your Rights under the Fair Credit Reporting Act" is available at <http://www.geninfo.com/docs/Summary-of-Rights.pdf>

CONSUMER DISCLOSURE

We, CALIFORNIA SENIORS CARE, will obtain one or more consumer reports or investigative consumer reports (or both) about you for employment purposes. These purposes may include hiring, contract, assignment, promotion, re-assignment, and termination. The reports will include information about your character, general reputation, personal characteristics, and mode of living. We will obtain these reports through a consumer reporting agency. Our consumer reporting agency is General Information Services, Inc. GIS's address is P.O. Box 353, Chapin, SC 29036. GIS's telephone number is (866) 265-4917. GIS's website is at www.geninfo.com, where you can find information about GIS's international privacy practices. To prepare the reports, GIS may investigate your education, work history, professional licenses and credentials, references, address history, social security number validity, right to work, criminal record, lawsuits, driving record, credit history, and any other information with public or private information sources. You may obtain a copy of any report that GIS provides and GIS's files about you (in person, by mail, or by phone) by providing identification to GIS. If you do, GIS will provide you help to understand the files, including trained personnel and an explanation of any codes. Another person may accompany you by providing identification. If GIS obtains any information by interview, you have the right to obtain a complete and accurate disclosure of the scope and nature of the investigation performed.

By signing below you acknowledge that you have read the Consumer Disclosure above and that you authorize General Information Services, Inc. ("GIS") to request and report information as fully described in the Authorization above.

Name: _____

Address: _____

City, State, Zip: _____

Home Telephone: _____

Date of Birth: _____

Social Security #: _____

Driver's License #: _____

Applicant Signature: _____

Date: _____