



Dear Applicant

Thank you for your interest in employment with Homecare California. If you will please:

- **Complete and sign this 4-page application** in its entirety. To be eligible for employment, you must be able to legally work in the United States and show proof of eligibility.

Upon an interview with Homecare California you will be expected to:

- Provide a **valid drivers license** and **proof of current auto insurance** if you desire to be able to take clients on appointments.
- Provide the **necessary documents for completing an I-9** such as **driver's license, social security card, passport, resident alien card or other approved documents.**
- Provide **medical test results for TB** screening within the past year or last year for a chest x-ray.
- Show **evidence of first aid training** should you want to be eligible for work in assisted living facilities that may require this qualification.
- If available, provide LiveScan fingerprint results.

You can fax the application along with any resume and letter of reference to **1-866-779-8975** or send via US postal mail at the address listed below.

We look forward to reviewing your application and contacting you if we would like to set up an in person interview.

Sincerely,

A handwritten signature in black ink that reads "Lisa D. Hartwell".

Lisa D. Hartwell
Executive Director
Homecare California

**Homecare California, Inc.
E-1 Employment Application**

Fax To: 1-866-779-8975

Date: _____

PERSONAL INFORMATION			
First Name	Middle Name	Last Name	
Other Names for Which You Have Been Known		Social Security Number	
Current Street (street, city, state, zip code)		County	# of Years
Previous Street Address (street, city, state, zip code)		County	# of Years
Home Phone	Mobile Phone	Email Address	
How did you hear about us?	_____		
Have you ever applied for a job with us?		Have you ever been employed by us?	
Have you ever been convicted of a crime? _____	If yes, what was (were) the offense(s) and date(s)?		

QUICK SUMMARY OF EXPERIENCE	
Years of care giving experience	CNA/HHA or other?
US Citizen or Resident Alien?	CNA/HHH License #
Speaking English (1-10, 10=best)	Reading English (1-10, 10=best)
Other languages spoken?	_____
Current driver's license and proof of auto insurance?	Yes / No
Ability/willingness to drive client to appointments?	Yes / No
Have reliable transportation?	Yes / No
Have experience bathing, toileting, grooming, etc.?	Yes / No
Have experience cooking and feeding?	Yes / No
Have experience with transferring?	Yes / No
Years of experience with dementia/Alzheimer's _____ Parkinson's _____ Stroke _____ (please explain)	
What days/hours are you available to work?	
<u>Weekdays</u> Hourly _____ 24-hour, live-in _____ Overnight _____	<u>Weekends</u> Hourly _____ 24-hour, live-in _____ Overnight _____
Do you currently have a full time job?	What Date Can You Begin Work?
Do You Smoke?	Have Allergies?
Work around dogs?	Cats?
How far from home in miles will you travel for a job?	
Expected compensation requirements: Hourly _____ 24-hour _____ Overnight _____	
Any injuries or health related conditions that could affect your performing duties in your job? If yes, explain:	

EDUCATIONAL EXPERIENCE

Educational Institution	Area of Study	Degree	Years Attended

EMPLOYMENT HISTORY

(start with last job first, going back 3 jobs or 10 years)

Company	Role	Dates Employed
Phone	Supervisor	Starting & Ending Pay Rate
Reason for Leaving?		May We Contact Them?
<i>(please leave below blank for reference checks)</i>		

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PROFESSIONAL REFERENCES

Name	Relationship
Company	Telephone
<i>(please leave below blank for reference checks)</i>	

Name	Relationship
Company	Telephone
<i>(please leave below blank for reference checks)</i>	

Name	Relationship
Company	Telephone
<i>(please leave below blank for reference checks)</i>	

SELF ASSESSMENT SUMMARY

Please rate your level of experience (1=No experience 2=Some experience 3=Experienced 4=Very experienced)

Personal Care

- Bathing a client in tub 1 2 3 4
- Bathing a client in shower 1 2 3 4
- Sponge bathing client 1 2 3 4
- Washing a client's hair 1 2 3 4
- Applying lotion to client's skin 1 2 3 4
- Brushing client's teeth 1 2 3 4
- Assisting with toileting 1 2 3 4
- Using a bed pan 1 2 3 4
- Changing clients briefs/diaper 1 2 3 4
- Assist client in dressing 1 2 3 4
- Dress the client 1 2 3 4
- Assist client with other grooming 1 2 3 4
- Operate a hospital bed 1 2 3 4
- Transferring a client 1 2 3 4
- Positioning/Turning a client 1 2 3 4
- Using a gait belt 1 2 3 4
- Lifting a client 1 2 3 4

Ambulation & Transferring

- Assist into/out of automobile 1 2 3 4
- Assisting client with walking 1 2 3 4
- Assisting client with cane 1 2 3 4
- Assisting client with walker 1 2 3 4
- Assisting client with wheel chair 1 2 3 4

Transportation

- Driving client in their car 1 2 3 4
- Running Errands 1 2 3 4
- Escorting to appointments 1 2 3 4

Meals

- Shopping for food 1 2 3 4
- Cooking 1 2 3 4
- Meal preparation 1 2 3 4
- Feeding client 1 2 3 4

Light Housekeeping

- Changing bed linens 1 2 3 4
- Vacuuming 1 2 3 4
- Cleaning restrooms/kitchen 1 2 3 4
- Laundry 1 2 3 4

Specific Conditions

- Dementia/Alzheimer's 1 2 3 4
- Parkinson's 1 2 3 4
- Hospice/End of Life Care 1 2 3 4
- Stroke 1 2 3 4
- Cancer/Chemotherapy 1 2 3 4
- Mental Illness 1 2 3 4
- Paralyzed 1 2 3 4
- Broken hip or replacement 1 2 3 4

SIGNATURE

I, the undersigned, certify that all the information provided as part of my application for employment is true and complete to the best of my knowledge. I acknowledge that any false or misleading information in my application materials or interview may result in denial of employment or termination, if hired and that any personal information requested, including date of birth, is requested solely for identification purposes. I understand that application is not an offer for employment by Company or a contract for employment with Company. I further understand Company operates under an AT-WILL EMPLOYMENT POLICY.

_____	_____	_____
Applicant's Printed Name	Applicant's Signature	Date

DISCLOSURE AND AUTHORIZATION TO OBTAIN INFORMATION

In connection with my suitability for employment with Homecare California ("Company"), at any time prior to or during my employment and without giving me any additional notice, I authorize Company to request a consumer, and/or investigative consumer report on me for employment purposes. Such reports may include, but are not limited to, information as to my character, general reputation, personal characteristics, and mode of living; discerned through employment and education verifications; personal references and interviews; my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations; workers' compensation records after a conditional job offer has been extended and to the extent permitted by law; a social security number trace; present and former addresses; criminal and civil history/records; and any other public record. I authorize any person, business entity or governmental agency that may have information relevant to the above to disclose the same to Company and its agents, including, but not limited to, any and all courts, public agencies, law enforcement agencies and credit bureaus. I authorize Company to share such information only with parties in interest who have a "need to know" such information to protect them and their employees.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any consumer report of which I am the subject upon my written request the Company or its agent. I also understand that I may receive a written summary of my rights under 15 U.S.C. § 1681 et. seq. I agree that this authorization shall remain valid for the duration of my employment with Company. I certify that the information contained on this Authorization form is true and correct and that my application or employment may be terminated based on any false, omitted or fraudulent information.

Signature: _____ Date: _____

Social Security #: _____ Driver's License #: _____ State: _____

Automobile Insurance Carrier: _____ Expiration Date: _____

*Date of Birth: _____ *Gender _____

Please provide me with a copy of my background report YES: NO

For California residents: Under § 1786.22 of the California Civil Code, you may view the file maintained on you by the Company or its agents. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by submitting a request by mail to the Company.

*Providing year of birth and gender is strictly voluntary. This information will enable us to properly identify you in the event we find adverse information during the course of a background search.