



AT HOME
CAREGIVERS

EMPLOYMENT APPLICATION
WE ARE AN EQUAL OPPORTUNITY EMPLOYER

We Use Only This Application - PLEASE READ CAREFULLY - ANSWER ALL QUESTIONS -

THE QUESTIONS FOUND IN THIS FORM ARE BEING ASKED TO PROPERLY EVALUATE YOUR ABILITY AND CHANCE FOR SUCCESS IN OUR COMPANY. EVERY EFFORT HAS BEEN MADE TO COMPLY WITH APPLICABLE FEDERAL AND STATE LAWS. IT IS NOT OUR INTENT TO DISCRIMINATE IN EMPLOYMENT ON ACCOUNT OF RACE, COLOR, SEX, ANCESTRY, RELIGION, AGE, NATIONAL ORIGIN, HANDICAP, SEXUAL PREFERENCE, GENDER IDENTITY, DISABILITY, MARITAL STATUS OR VETERAN STATUS.

PERSONAL INFORMATION

NAME: _____
LAST FIRST MIDDLE

ADDRESS: _____
STREET CITY STATE ZIP

E-MAIL ADDRESS: _____

SOCIAL SECURITY NO.: _____ CELL PHONE NO.: _____

CELL PHONE # _____ CELL PHONE CARRIER _____ TEXT? Y N SMARTPHONE Y N

ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION YOU ARE APPLYING FOR WITHOUT REASONABLE ACCOMMODATION? YES NO IF NO, PLEASE EXPLAIN THE REQUIRED ACCOMMODATION: _____

NAME, TELEPHONE NUMBER, RELATIONSHIP AND ADDRESS OF PERSON TO BE CONTACTED IN CASE OF EMERGENCY:

NAME PHONE# RELATIONSHIP ADDRESS

ARE YOU RELATED TO ANYONE IN OUR COMPANY? YES NO IF YES, GIVE NAME: _____

ARE YOU EMPLOYED NOW? YES NO IF YES WHERE? _____

MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO DATE YOU CAN START: _____

REFERRED BY: _____ HAVE YOU EVER APPLIED FOR A JOB WITH THIS COMPANY BEFORE? YES NO DATE: _____

ARE YOU A U.S. CITIZEN? YES NO IF NO, YOU MUST FURNISH PROOF THAT YOU ARE LEGAL TO WORK IN THE U.S.

DO YOU DRIVE? YES NO VALID DRIVERS LICENSE # _____ STATE _____ EXP _____

DO YOU HAVE AUTO INSURANCE? YES NO PROVIDER _____

NOTE: If you have a DUI conviction in the last 7 years, you may NEVER drive on behalf of AT HOME CAREGIVERS.

EDUCATION

LIST HIGH SCHOOL AND ALL COLLEGES, UNIVERSITIES, GRADUATE SCHOOLS, TRADE, BUSINESS OR CORRESPONDENCE SCHOOLS ATTENDED GIVING YOUR MOST RECENT EDUCATION FIRST. (YOU MAY ATTACH AN ADDITIONAL PAGE)

HIGH SCHOOL, COLLEGE, UNIVERSITY, OR TRADE SCHOOL	LOCATION	MAJOR	DEGREE	YEAR AWARDED

ARE YOU A REGISTERED CALIFORNIA HOME CARE AIDE (HCA)? HCA # _____



HAVE YOU EVER BEEN DISCHARGED (FIRED) FROM A JOB? YES ___ NO ___

IF YES, EXPLAIN (GIVE DATES): _____

HAVE YOU ANY CERTIFICATES OR TRAINING, HOBBIES OR INTERESTS OR PROFESSIONAL AFFILIATIONS WHICH HAS A DIRECT BEARING ON YOUR QUALIFICATION FOR THE JOB WHICH YOU ARE SEEKING? YES ___ NO ___ IF YES EXPLAIN _____

PRIOR EMPLOYMENT (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST)					
DATES FROM/TO	EMPLOYER	PHONE#	SUPERVISOR	SALARY	REASON FOR LEAVING

REFERENCES - LIST THREE PEOPLE, NOT RELATED TO YOU, THAT WE CAN CONTACT

NAME	ADDRESS & RELATIONSHIP	TELEPHONE#	HOW LONG HAVE YOU KNOWN THEM?

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT ANY MISREPRESENTATION OR OMISSION OF INFORMATION REQUESTED ON THIS FORM IS GROUNDS FOR IMMEDIATE DISMISSAL. I UNDERSTAND THAT WEEKEND WORK, CHANGES OF SCHEDULE AND LOCATION MAY BE REQUIRED DURING MY EMPLOYMENT. FURTHER, I UNDERSTAND THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PREVIOUS NOTICE, WITH OR WITHOUT CAUSE. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO ALL RULES, REGULATIONS AND POLICIES OF THIS COMPANY. I WAIVE MY LEGAL RIGHT TO SUE AND AGREE TO ARBITRATE ANY AND ALL CLAIMS AGAINST THE COMPANY. NO MODIFICATION OF THESE STATEMENTS SHALL BE VALID UNLESS WRITTEN AND SIGNED BY THE COMPANY PRESIDENT.

I give AT HOME CAREGIVERS the right to investigate all statements contained herein and the references listed above to give any and all information concerning my previous employment and any other pertinent information they may have, personal or otherwise, and release At Home Caregivers and its representatives from all liability from any damage that may result from furnishing the same to you. This includes a criminal background history, workers compensation investigation, social security check and/or credit check. This may also include random drug testing.

I attest that I, the applicant, have never abused, neglected, sexually assaulted, exploited or deprived any person for whom I have worked. I have never subjected any person to undue influence or serious injury as a result of benign neglect, intentional or grossly negligent misconduct.

SIGNATURE: _____ DATE: _____

DRUG TESTING AGREEMENT

AT HOME CAREGIVERS utilizes the following policy regarding DRUG TESTING. As a safeguard for the health and safety of all employees and clients, a physical examination including drug testing may be required of employees in accordance with applicable law prior to or during their period of employment OR after a job offer is made. Physical examinations required by the company will be conducted by a competent health provider. Drug tests are conducted at random and may also be conducted when the employee shows symptoms such as, but not limited to, dizziness, blurred vision, dilated pupils slurred speech, confusion or when the client or caregiver suffers an on the job injury.

SIGNATURE: _____ DATE: _____