

Employment Application for Home Care Aide

3335 Birch Street, Palo Alto, CA 94402 - T: 866•926•6226 or 650•329•1411 - F: 650•855•1705
122 Second Avenue, Suite 214, San Mateo, CA 94401 - T: 650•342•7740



PLEASE PRINT CLEARLY AND ANSWER ALL QUESTIONS

1. Last Name _____ First _____
2. Address _____
3. City _____ State _____ Zip Code _____
4. Home Phone _____ Cell/Pager No. _____
5. Message Phone No. _____ Emergency Phone _____
6. When can you begin work? _____ How did you hear of us? _____
7. Are you legally eligible for employment in the United States? _____

PLEASE, SHOW TIMES WHEN YOU'RE AVAILABLE TO WORK

	<u>Daytime Hours</u>	<u>Nighttime Hours</u>	<u>Live-In</u>
Saturday	_____	_____	_____
Sunday	_____	_____	_____
Monday	_____	_____	_____
Tuesday	_____	_____	_____
Wednesday	_____	_____	_____
Thursday	_____	_____	_____
Friday	_____	_____	_____

8. Have you ever applied with OACM before? ____ If yes, when? _____ Under what name? _____
9. Have you ever been convicted of a crime (*excluding any sealed or expunged conviction*)? Yes No
Explain _____

(PLEASE NOTE: A CONVICTION WILL NOT NECESSARILY DISQUALIFY YOU FROM EMPLOYMENT)

10. Have you ever been fingerprinted? Yes No Was it a LiveScan? Yes No
11. Do you currently use any controlled substances (*including marijuana*)? Yes No
Explain _____
12. Do you smoke? Yes No Are you willing to work in a smoker's home? Yes No
13. Do you have any conditions that limit your ability to perform the job as listed in the *Job Description*?
 Yes No If yes, what can be done to accommodate your limitations? _____
14. Do you have a valid California driver's license? Yes No - License Number _____
If no, California ID Number _____
15. Do you have your own car? Yes No - Will you transport a client? Yes No - Insurance Co? _____
16. How many miles would you be willing to travel to a job? _____
17. Is there any limitation you wish to place on the type of work you will do? _____
18. Are you registered or certified as any of the following? HHA CNA LVN RN Other _____
19. List certificate or license numbers and expiration dates _____

20. Do you have home care experience with the elderly? Yes No How long? _____

EMPLOYMENT HISTORY

List employment for the past five years, with the most recent job first. Use separate sheet if needed.

Company _____ Supervisor _____ Your Position _____

Address _____ Phone _____

Salary _____ Employed from: _____ to: _____ Reason Left _____

May we contact your current employer? YES NO - If no, why not? _____

Company _____ Supervisor _____ Your Position _____

Address _____ Phone _____

Salary _____ Employed from: _____ to: _____ Reason Left _____

Company _____ Supervisor _____ Your Position _____

Address _____ Phone _____

Salary _____ Employed from: _____ to: _____ Reason Left _____

References (3)

We require three references. Two references must be work-related, with at least one in the eldercare field. Your third reference may be from (1) another type of business where you have worked, (2) volunteer work or (3) home care training. These references may be clients, clients' relatives, supervisors or teachers.

1. Reference Name _____ Title _____ Phone _____

Address _____ How long? _____

2. Reference Name _____ Title _____ Phone _____

Address _____ How long? _____

3. Reference Name _____ Title _____ Phone _____

Address _____ How long? _____

Training/Education

Names & Locations of Schools _____ Field of Study _____ Degree _____

What languages do you speak? _____

I authorize the references I have listed to provide all information regarding my suitability for employment. I hereby release all persons from any liability for any damages that may result from giving information to OACM.

I also authorize investigation of all statements contained in this application. I understand and agree that employment with Older Adults Care Management is at-will. That is, it may be terminated at the will of either employer or the employee at any time, with or without notice and with or without cause or reason.

Signature_____Date_____

(PLEASE PRINT OR TYPE)



I, _____
LAST NAME FIRST NAME MIDDLE NAME (INCLUDE: Jr., Sr., II, III, ETC.)

understand that in conjunction with my application for employment, *Institute on Aging* (OACM's parent company) will use the services of an outside agency to research and verify the information I have provided on my application for employment including my personal background, character, professional standing, work history and qualifications. This agency will provide a report to *Institute on Aging*. *Institute on Aging* uses *Backgrounds Online*, a consumer-reporting agency, as an agent to perform background verifications.

Backgrounds Online will utilize various sources of information it deems appropriate including, but not limited to: credit reporting agencies, Workers Compensation records, Department of Motor Vehicle records, criminal conviction records, current and former employers, military records, education records, professional and personal references. I request, authorize and consent to the release and disclosure of any and all information including, but not limited to, the above to *Institute on Aging* and *Backgrounds Online*.

I request, authorize and consent to the procurement of an Investigative Consumer Report and understand that it may contain information about my background, mode of living, character, personal characteristics and general reputation. This authorization in original or copy form shall be valid for one year from the date indicated next to my signature. According to the Fair Credit Reporting Act, I will be notified by *Institute on Aging* if employment is denied because of information obtained from a Consumer Reporting Agency. Additionally, I understand that if requested within 60 days, I will be given a full accurate disclosure as to the nature and substance of all information provided to *Institute on Aging*. I further understand that when requesting a copy of the report, proper identification will be required and I should direct my request to: Backgrounds Online, 1401 El Camino Ave., 5th Floor, Sacramento, CA 95815, phone: 800-838-4804.

LAW ENFORCEMENT AGENCIES AND OTHER ENTITIES FOR POSITIVE IDENTIFICATION PURPOSES REQUIRE THE FOLLOWING INFORMATION WHEN CHEKING PUBLIC RECORDS. IT IS CONFIDENTIAL AND WILL NOT BE USED FOR ANY OTHER PURPOSEES. I HEREBY RELEASE *INSTITUTE ON AGING* AND ITS AGENTS, *BACKGROUNDS ONLINE* AND ALL PERSONS, AGENCIES AND ENTITIES PROVIDING INFORMATION OR REPORTS ABOUT ME FROM ANY AND ALL LIABILITY ARISING OUT OF THE REQUEST FOR OR RELEASE OF ANY OF THE ABOVE MENTIONED INFORMATION OF REPORTS.

_____ Applicant Signature		_____ Today's Date	
_____ Print Name		_____ Position Applied For	
____ - ____ - ____ Social Security Number	____ / ____ / ____ Date of Birth	_____ Drivers License Number	_____ State

Other names you have used or are known as: _____

PLEASE PROVIDE ALL RESIDENTIAL ADDRESSES FOR THE PAST SEVEN (7) YEARS

Current Address	_____	_____	_____	_____	_____	_____
Street	Apt. #	City	State	Zip	How long here?	
Previous Address	_____	_____	_____	_____	_____	
Street	Apt. #	City	State	Zip	How long here?	
Former Address	_____	_____	_____	_____	_____	
Street	Apt. #	City	State	Zip	How long here?	
Former Address	_____	_____	_____	_____	_____	
Street	Apt. #	City	State	Zip	How long here?	

May we contact your present employer? Yes No



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REFERENCE INQUIRY

We appreciate your courtesy in responding to the following inquiry concerning your former employee named _____.

APPLICANT'S NAME

Position/Title: _____

Dates of Employment: (month/year) _____ to _____ Length of Employment _____

Reason for leaving this job _____

Reference Name: _____ Title: _____

Contact Phone No: _____

I, the undersigned, authorize the above listed reference, or his or her representative(s) to provide OACM, with any and all information regarding my employment performance.

Applicant's Signature _____ Date: _____

PERFORMANCE CRITERIA

Please mark (+) for excellent and (-) needs improvement

- Punctuality / Attendance
- Reliability / Following Instructions
- Flexibility / Cooperation / Communication
- Attitude / Rapport with Older Adult and Others
- Concern for Older Adult's Well-being

Is the above applicant eligible for rehire? Yes No

Would you recommend the applicant for similar employment? Yes No

Additional Comments: _____

Completed by: _____ Date: _____

Title: _____