



***One of the highest paying homecare agencies on the Peninsula!***

**Job Opportunity:** Home Care Aide

**Job Description:** Provide care and support to elderly adults in their home. Positions range from skilled client care to companionship. Home care aides are supervised regularly by a licensed nurse.

**Salary:** As an employee of OACM, it is required that you be a member of the Union. Union scale sets the pay range from \$12.26- \$13.71 per hour for single clients, \$12.99-\$14.52 per hour for couples. The live-in rate starts at \$142.77 per day. Licensed CNA's and CHHA's start at \$12.99 per hour. **Bi-Weekly paychecks**

**Hours:** Flexible hours, full-time and part-time positions

**Benefits:** Medical Insurance (OACM pays 80%) for those who work a min. of 30 hours per week  
Dental Insurance (OACM pays 75%) for those who work a min. of 30 hours per week  
Paid time off  
403B plan  
Training  
Union Membership

**Employment Requirements:**

- Valid Drivers License or California ID
- Valid Social Security Card
- Authorization to work in the U.S.
- 1 year experience caring for the elderly (or CNA/CHHA certificate)
- Able to read, write and speak English clearly
- Must have a current health exam & TB test before assignment
- Current Proof of Auto Insurance Card

**Toll-Free 866-926-6226**

**Palo Alto Office**  
291 Lambert Ave.  
Palo Alto, CA 94306

**San Francisco Office**  
3330 Geary Blvd  
San Francisco, CA 94118

**San Mateo Office**  
122 Second Ave., Suite 214  
San Mateo, CA 94401

**OACM is a Division of Institute on Aging**



Older Adults Care Management
Employment Application for Home Care Aide

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

Table with 4 columns: Daytime Hours, Nighttime Hours, Live-In, and days of the week (Saturday to 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.

- Reference Name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ How long? \_\_\_\_\_
- Reference Name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ How long? \_\_\_\_\_
- 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 \_\_\_\_\_



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: \_\_\_\_\_



**REQUEST, AUTHORIZATION, CONSENT  
AND RELEASE FOR BACKGROUND INFORMATION**

(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., 5<sup>th</sup> Floor, Sacramento, CA 95815, phone: 800-838-4804.

**LAW ENFORCEMENT AGENCIES AND OTHER ENTITIES FOR POSITIVE IDENTIFICATION PURPOSES REQUIRE THE FOLLOWING INFORMATION WHEN CHECKING PUBLIC RECORDS. IT IS CONFIDENTIAL AND WILL NOT BE USED FOR ANY OTHER PURPOSES. I HEREBY RELEASE *INSTITUTE ON AGING* AND ITS AGENTS, *BACKGROUND 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