

# EMPLOYMENT APPLICATION

## APPLICANT NOTE

This employment application is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all the appropriate questions completely and accurately. **False or misleading statements during the interview and on these forms are grounds for terminating the application process or, if discovered after employment, terminating employment.**

- All qualified applicants will receive consideration without discrimination because of race, color, sex (including breastfeeding and related medical conditions), religion, religious dress and/or grooming practices, age, creed, marital status, national origin (including the holding of a driver's license for otherwise undocumented workers under AB 60), ancestry, physical or mental disability, pregnancy, sexual orientation, gender identity, gender expression, military or military or veteran status, citizenship, Medi-Cal enrollment, or any other characteristic protected by law.
- **A post-employment offer physical examination will be required before employment can begin. The examination is required by CDPH Licensing and will determine physical fitness for duty for tasks generally performed in home care/home health. The company will consider requests for reasonable accommodation.**
- The company is a drug free workplace which includes marijuana which is legal for adult use in California but still illegal under Federal law. The company may require drug testing post-employment offer and during employment per guidelines specified in our Company Employee Handbook, provided to new employees during Orientation/Training.
- A TB test is also required by state law and provided by the Company at the start of employment and ongoing as required by statute.
- If hired, the position is "at will" meaning the employment relationship may be terminated by either the Company or the Employee at any time and for any reason, consistent with applicable law.

## PERSONAL INFORMATION

Last Name:	First:	Middle Initial:	Today's Date:
Address:			Are you 18 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Telephone:	Cell Telephone:	Email:	

Have you ever used another name or alias (please list):

Do you have any relatives employed by this company or its affiliates?  Yes  No If yes, provide name(s):

## EMPLOYMENT DESIRED

Position Applied for:	Desired Pay:	Start Date:
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How did you find out about this position?

How far in miles are you willing to drive to accept a case? \_\_\_\_\_

If you have any reservations about working with clients with pets, please list the details: \_\_\_\_\_

**Availability-Please select all shifts that match your availability:**

Our agency provides care 24 hours a day, 7 days a week. We have shifts that range from short shifts to 12-hour shifts, Overnight Shifts, Weekends, and 24 Hour Caregiving Shifts.

- |                                  |                                  |                                    |                                   |                                    |
|----------------------------------|----------------------------------|------------------------------------|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Short   | <input type="checkbox"/> 8 Hour  | <input type="checkbox"/> 12 Hour   | <input type="checkbox"/> Flexible | <input type="checkbox"/> Part time |
| <input type="checkbox"/> Weekday | <input type="checkbox"/> Weekend | <input type="checkbox"/> Overnight |                                   | <input type="checkbox"/> Full time |

If there are any days / times when you are **NOT** available to work due to other commitments, please list them below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### EDUCATION

Level:	School Name / location:	Did you graduate?	Major Studies:	Degree / License / Certificate:
High School or equivalency:		<input type="checkbox"/> Yes <input type="checkbox"/> No		
College / Vocational / Other:		<input type="checkbox"/> Yes <input type="checkbox"/> No		
If you are a Registered Home Care Aide, CNA, HHA, LVN or RN please provide your current license or certification type and number:	Check all licenses-certifications that you have held and list license number: <input type="checkbox"/> Registered HCA _____ <input type="checkbox"/> CNA _____ <input type="checkbox"/> HHA _____ <input type="checkbox"/> LVN _____ <input type="checkbox"/> RN _____ <input type="checkbox"/> Other _____			

### MILITARY SERVICE (If Applicable)

Branch:	Dates of Service:	Final Rank:	Assignment:

Are you now a member of the National Guard?  Yes  No

### BUSINESS REFERENCES (NOT related to you)

Name:	Company / Position:	Phone:
		Years Known:
Name:	Company / Position:	Phone:
		Years Known:
Name:	Company / Position:	Phone:
		Years Known:

### SKILLS (Not all may be necessary for the job you seek)

Are you able to speak and write English:  Yes  No

Some of our clients communicate in languages other than English. Are you able to speak any other languages?  
 Yes  No If Yes, please list:

Do you have current CPR Certification:  Yes  No If Yes – what type? \_\_\_\_\_ Expiration Date: \_\_\_\_\_

### COMPETENCIES: (Please check all with which you've had experience or training)

**Conditions / Diseases (Applies to all applicants):**

- |   |   |   |                                   |   |
|---|---|---|-----------------------------------|---|
| <input type="checkbox"/> Alzheimer's & Dementia | <input type="checkbox"/> Parkinson's              | <input type="checkbox"/> Hospice Clients        | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Broken Hip/Fractures                     |
| <input type="checkbox"/> Cancer                 | <input type="checkbox"/> General Weakness/Frailty | <input type="checkbox"/> Anxiety/Mental Illness | <input type="checkbox"/> Stroke   | <input type="checkbox"/> Inappropriate Outbursts – hallucinations |

**Equipment / Special Needs Training (Applies to all applicants):**

- |  |  |                                     |   |
|--|--|-------------------------------------|---|
| <input type="checkbox"/> Transfers           | <input type="checkbox"/> Incontinence / briefs | <input type="checkbox"/> Bed baths  | <input type="checkbox"/> Special diets (low sodium, puree, low sugar, thickeners) |
| <input type="checkbox"/> Wheelchairs         | <input type="checkbox"/> Walkers               | <input type="checkbox"/> Hoyer Lift | <input type="checkbox"/> Ostomy Bag Change  |
| <input type="checkbox"/> Catheter Bag Change |  |                                     |   |

**Skilled Nurses only check the following skilled services:**

- |                                      |   |  |   |   |
|--------------------------------------|---|--|---|---|
| <input type="checkbox"/> G or J Tube | <input type="checkbox"/> Ventilators    | <input type="checkbox"/> Infusions             | <input type="checkbox"/> Medication Reconciliations | <input type="checkbox"/> Catheter placement |
| <input type="checkbox"/> Pediatrics  | <input type="checkbox"/> School Nursing | <input type="checkbox"/> Hospital or SNF Staff | <input type="checkbox"/> Diabetes Management        | <input type="checkbox"/> Ostomy             |

(All applicants – please continue below):

Please list any additional work, skills, training, life experience or other factors that may be helpful in determining your suitability for this position (applicant is not required to disclose information that may indicate protected class status): Examples – Special Certifications, Cooking Skills, Organizational Skills, Etc.

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Why are you interested in working with Medical Home Care Professionals?

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### TASKS:

Please check all tasks that you are able to perform. (Applicant is not required to disclose information that might indicate a protected class.)

This position may involve:

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Constant Safety Monitoring        | <input type="checkbox"/> Medication Reminders | <input type="checkbox"/> Meal Prep                 | <input type="checkbox"/> Errands-Shopping                             |
| <input type="checkbox"/> Bathing and Dressing              | <input type="checkbox"/> Incontinence Care    | <input type="checkbox"/> Incidental Transportation | <input type="checkbox"/> Working with clients with memory impairments |
| <input type="checkbox"/> Assistance with Social Activities | <input type="checkbox"/> Light Housekeeping   | <input type="checkbox"/> Meal Planning-Cooking     | <input type="checkbox"/> Accompanying clients to medical appointments |

Are there any tasks listed above that you are not able to perform?  Yes  No

If there are any tasks listed above that you are not able to perform, please describe: \_\_\_\_\_

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#### Incidental Transportation

Some of our staff is required to drive clients in the course of their work, such as to the store or a doctor's appointment.

Do you have a driver's license?  Yes  No If yes, what is your Driver's License number? \_\_\_\_\_

Per our insurance guidelines – an employee driving on behalf of our agency (excluding commute to and from work) must have a reasonably safe driving record including no DUI over the last 3 years, no reckless endangerment and no more than two moving violations or at fault accidents over the last three years. If an employee does not meet those criteria, they may not be eligible for a position that requires driving clients.

Please initial that you have read the above insurance requirement: \_\_\_\_\_ (Initials)

### PHYSICAL REQUIREMENTS (DIRECT CARE STAFF) Please review before answering question below.

#### General Physical Expectations

- Sitting, Standing, Walking – up to 70% of the time
- Squatting, bending, kneeling, reaching, twisting, crawling and climbing up to 1/3 of time
- Walking on rough ground – less than 1/3 of the time
- The job involves grasping and turning occasionally
- Average eye sight, or use of corrective lenses is required

#### Lifting or carrying requirements may be as follows

- 10 pounds, frequently up to 2/3rds of the time
- 11-35 pounds, occasionally, up to 1/3 of the time
- 35-50 pounds, occasionally, less than 1/3 of the time

#### Pushing and pulling requirements may be as follows:

- 0-10 pounds, continuously, more than 2/3rds of the time
- 11-50 pounds, occasionally, up to 1/3rd of the time
- 51-74 pounds, rarely and only with proper equipment and safety precautions taken

Are you able to meet the physical requirements of the job? Please check Yes or No and describe, if applicable. (Applicant is not required to disclose information that may indicate protected class status.)

Yes- with or without reasonable accommodation.

Please describe below any reasonable accommodation you'd like us to consider, if applicable:

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No, I don't meet the physical requirements of the position with or without reasonable accommodation. Please speak with me about my suitability for another non-direct care position if one becomes available.

### EMPLOYMENT HISTORY

List all jobs for the last 10 years starting with the most recent, account for gaps in employment. Attach additional pages if needed.  
**Complete this section even if you have included a resume with your application.**

Dates:	Employer Name and Address:	Supervisor Name and Job Title:	Phone:
Job Title:			
Duties, Responsibilities, Promotions:			Reason for Leaving:
Dates:	Employer Name and Address:	Supervisor Name and Job Title:	Phone:
Job Title:			
Duties, Responsibilities, Promotions:			Reason for Leaving:
Dates:	Employer Name and Address:	Supervisor Name and Job Title:	Phone:
Job Title:			
Duties, Responsibilities, Promotions:			Reason for Leaving:
Dates:	Employer Name and Address:	Supervisor Name and Job Title:	Phone:
Job Title:			
Duties, Responsibilities, Promotions:			Reason for Leaving:

### GENERAL

Are you currently employed?  Yes  No    If yes, may we contact your present employer?  Yes  No

If offered employment, will you be able to provide proof of identity and authorization to work in the U.S.?  Yes  No

### APPLICANT STATEMENT

The company's hiring process is based on successful completion of the following steps: Application, Interview, and Verification of Training-Work Experience, Offer of Employment contingent upon Background Screening, Post-Employment Offer Physical Examination, and completion of New Hire Orientation/Training. Each applicant is given notice before adverse action is taken based on the background screening.

I understand and agree to the following:

- I certify that I have read and understand the applicant note on page one of this form 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 misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment.
- I understand that any offer of employment will be dependent upon successful clearance through a criminal screening, and post-employment offer physical. I also understand that professional references may be required.
- I understand that I must authorize a driving record history screening by signing a DMV Release form and my driving record must meet the company's insurance considerations stated above in order to be given a position that involves driving clients.
- I understand that accreditation standards require that my background screening include an OIG Exclusion check and Sex Offender Registry check.
- This application is not a contract of employment. The company follows an "at will" employment policy, meaning I or The Company may terminate employment at any time for any reason consistent with applicable law.
- I authorize investigation of all statements given on this application. The company may contact any educational institution, reference, or employer listed on this application, except my current employer if so noted, to verify the information I have given. I hereby release all involved parties from any liability arising from such an investigation.
- Should The Company hire me and should any of the information I have given in this application be found false, misleading, or incomplete, I shall be subject to dismissal regardless of the time lapse before discovery.
- All hired persons must provide proof of identity and authorization to work in the US. Failure to produce such proof will result in denial of employment.

I certify that all the information given in this application is complete and true.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_