

EMPLOYMENT APPLICATION

for Davis In-Home Care, Inc.

PERSONAL					
NAME	(Last)	(First)	(Middle)	Have you ever used another name? If so, please list:	
PRESENT ADDRESS	(Number)	(Street)	(City)	(State)	(Zip Code)
Have you lived in any other counties or states in the past 7 years? If so, please list with dates: _____					
HOME PHONE NUMBER:		CELL PHONE NUMBER:		Best contact number: <input type="checkbox"/> Home <input type="checkbox"/> Cell	
May we also contact you via email? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide your email address: _____					

for faster processing, please apply online at davisinhomecare.com

Company policy and federal and state law prohibit discrimination due to sex, race, color, gender, religion, national origin/ancestry, citizenship, age, physical or mental disability, medical condition, marital status, sexual orientation, gender identification/orientation, disabled veteran status, Vietnam-era veteran status, or any other characteristic protected by federal or state law.

In compliance with the federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document upon hire.

Answer all application questions to the best of your knowledge. Material omission or falsification will result in refusal to hire or termination should you become employed.

POSITION APPLYING FOR _____ **DATE** _____

Are you at least 18 years of age? Yes No This position requires driving. **Do you have your own car, a valid California drivers' license & insurance?** Yes No

The State of California 2016 Home Care Services Consumer Protection Act (HCSCPA) requires that all non-medical caregivers working for a registered HCO (Home Care Organization) supply the following 3 documents. Do you have:

Live Scan Fingerprinting Yes No Current TB Test Yes No HCA Registration Yes No



How did you learn of this position?

- Craigslist Indeed Google Search Care.com School Friend
 Newspaper Agency Job Board Current Employee EDD Other

Name of person/school/agency, or explain if other _____

Education

High school	City and state	# of years attended	Did you graduate?	Type of degree and/or major
Junior college	City and state	# of years attended	Did you graduate?	Type of degree and/or major
College or university	City and state	# of years attended	Did you graduate?	Type of degree and/or major
Other	City and state	# of years attended	Did you graduate?	Type of degree and/or major

Other training, certificates or special skills?

Experience

Number of years working with the elderly?

Discuss any training or experience working with the elderly.

What would you like most about working with the elderly?

Skills

Please indicate whether you have assisted with or performed the following tasks for seniors.

Companionship	<input type="checkbox"/> yes <input type="checkbox"/> no	Vacuuming	<input type="checkbox"/> yes <input type="checkbox"/> no	Laundry	<input type="checkbox"/> yes <input type="checkbox"/> no
Bathing	<input type="checkbox"/> yes <input type="checkbox"/> no	Dusting	<input type="checkbox"/> yes <input type="checkbox"/> no	Grocery shopping	<input type="checkbox"/> yes <input type="checkbox"/> no
Grooming or dressing	<input type="checkbox"/> yes <input type="checkbox"/> no	Clean bathrooms	<input type="checkbox"/> yes <input type="checkbox"/> no	Cooking	<input type="checkbox"/> yes <input type="checkbox"/> no
Incontinence	<input type="checkbox"/> yes <input type="checkbox"/> no	Clean kitchen	<input type="checkbox"/> yes <input type="checkbox"/> no	Driving	<input type="checkbox"/> yes <input type="checkbox"/> no
Transfer assist	<input type="checkbox"/> yes <input type="checkbox"/> no	Bed linen changes	<input type="checkbox"/> yes <input type="checkbox"/> no	Medication reminders	<input type="checkbox"/> yes <input type="checkbox"/> no

Please review the tasks above.

Are you able to perform the tasks of this job, either with or without reasonable accommodation? Yes No

NOTE: We comply with the ADA and FEHA and consider reasonable accommodation measures that may be necessary for eligible/qualified applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and skill and agility tests, based on the job requirements.

Additional Information

Days & times you are available to work	Number of hours you would like to work each week?	
Times you are <i>not available</i> to work	Date you can start	Desired pay
A driver's license and proof of insurance will be required at time of hire. Do you have your own dependable car? <input type="checkbox"/> yes <input type="checkbox"/> no		Foreign languages: proficiency to speak, read or write?



Employment History - List *at least 4* work references we can call, starting with your most recent employer, going back at least 7 years. Please include all jobs, not limited to only caregiving.

Employer name, city and state		Employed from	Employed to
Job title	Reason for leaving: Quit <input type="checkbox"/> Laid off <input type="checkbox"/> Terminated <input type="checkbox"/>		
Duties			
Supervisor	Phone	May we contact this employer? <input type="checkbox"/> yes <input type="checkbox"/> no	

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Duties			
Supervisor	Phone	May we contact this employer? <input type="checkbox"/> yes <input type="checkbox"/> no	

Additional Professional References (if available) - If possible, list additional employers we can call. Or, list co-workers or others who know your work. *Please do not duplicate references from above.*

Supervisor, co-worker or other	Business name / position	Years known	Phone
Supervisor, co-worker or other	Business name / position	Years known	Phone
Supervisor, co-worker or other	Business name / position	Years known	Phone



Personal References - Please *do not list relatives* as personal references, *nor duplicate references* from above.

Name	City and state	Relationship / years known	Phone
Name	City and state	Relationship / years known	Phone
Name	City and state	Relationship / years known	Phone

PLEASE READ CAREFULLY BEFORE YOU SIGN

I certify that the information contained in this application is true and correct to the best of my knowledge. I understand that falsification of this information or material omission may result in the refusal to hire or the termination of my employment at any time, regardless of the time elapsed before discovery.

I give the Company the right to make a thorough investigation of my past employment, education, criminal history, motor vehicle record, and other matters related to my suitability for employment. Additionally, I authorize the references I have listed to disclose to the Company any and all letters, reports and information related to my work records, without giving me prior notice of such disclosure. I release all persons or entities from all liability for any damage that may result from furnishing information to the Company. I also release the Company and all of its employees from all liability for any damage that may result from the Company's reliance on the information furnished.

My employment with the Company may be contingent upon my successful completion of a post-offer fingerprint test or blood, urine and/or other medical tests for alcohol, drugs and controlled substances. Prior to testing, I agree to sign the Company's authorization forms wherein I will agree to submit to such testing and to authorize the release of the results to the Company. The substance tests will be conducted at the Company's expense by a facility selected by the Company.

I must produce applicable documents showing that I am a United States citizen or alien lawfully authorized to work in the United States, within the time frame specified by the Company, to meet the Immigration Reform and Control Act of 1986 requirements. If I cannot do so, I understand that my employment will be terminated in accordance with the law. As a further condition of my employment, I understand that I must supply other documentation in accordance with the State of California 2016 Home Care Services Consumer Protection Act (HCSCPA), including a TB test certificate, my Home Care Aide (HCA) registration number and Live Scan fingerprinting results.

In consideration of my employment, I agree to conform to the Company's policies, rules and regulations. I understand and agree that my employment is at-will, and therefore, my employment and compensation can terminate, with or without cause, and with or without notice, at any time, at my option or the Company's option. I further understand and agree that this at-will employment relationship as defined above will remain in effect throughout my employment with the Company, or any of its parent or affiliated companies, unless it is modified by a specific, express written employment contract which is signed by the President of the Company and me. This represents an integrated policy with respect to the at-will nature of the employment relationship.

APPLICANT'S SIGNATURE _____ **DATE** _____

This application is valid for 60 days from the date signed. If you wish to be considered for employment subsequent to this date, a new application must be completed.

Our location:

Davis In-Home Care, Inc.
 2627 Manhattan Beach Blvd., Suite 204
 Redondo Beach, CA 90278

For additional information, call (310) 297-9125 ext 2#

