APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, race, creed, national origin, religious persuasion, marital status, political belief or disability that does not prohibit performance of essential job functions.

PERSONAL INFORMATION (Please print) Today's Date _____

Last Name First Name Middle Name

Present Mailing address City Zip Date of Residence

Previous Mailing address City Zip Date of Residence

Telephone

Social Security Number # Driver License

1. Is there any information we would need about your name or use of another name for us to be able to check your work record? Please specify:

   _____

2. How were you referred to At Your Home Familycare? _____
3. If hired, can you show proof of age? ☐ Yes ☐ No
4. Are you over eighteen (18) years of age? ☐ Yes ☐ No
5. Have you ever been convicted of a felony? ☐ Yes ☐ No
   (Note: a conviction will not necessarily disqualify from the application.)

EMPLOYMENT RECORD Include all employment for the last five years. List current / most recent employer first.

1. Company Name: _____ Position Held: _____
   Address: _____ Phone: _____
   Manager/Supervisor: _____ Employed From: _____ to _____
   Wage/Salary: _____ Reason for Leaving: _____
   Briefly explain your duties: _____
   May we contact them? ☐ Yes ☐ No

2. Company Name: _____ Position Held: _____
   Address: _____ Phone: _____
   Manager/Supervisor: _____ Employed From: _____ to _____
   Wage/Salary: _____ Reason for Leaving: _____
   Briefly explain your duties: _____
   May we contact them? ☐ Yes ☐ No

3. Company Name: _____ Position Held: _____
   Address: _____ Phone: _____
   Manager/Supervisor: _____ Employed From: _____ to _____
   Wage/Salary: _____ Reason for Leaving: _____
   Briefly explain your duties: _____
   May we contact them? ☐ Yes ☐ No

Note: use separate sheet to list additional employers if necessary. We will contact all employers listed unless you specify otherwise.

PERSONAL/CHARACTER REFERENCES Please do not include relatives or former employers

1. Name _____ Telephone _____

   Address _____ Years Known _____

   Occupation _____

2. Name _____ Telephone _____

   Address _____ Years Known _____

   Occupation _____

IN CASE OF ACCIDENT OR EMERGENCY CONTACT:

Name _____ Address _____ Telephone _____

Do not write below this line

FOR INTERVIEWER:

District:
- ☐ 1 - South Bay
- ☐ 2 - East County
- ☐ 6 - Riverside County: (Temecula, Hemet, Murrieta, Warner Springs)
- ☐ 3 - La Jolla to Tierrasanta
- ☐ 4 - San Diego Metro
- ☐ 7 - Orange County: (San Clemente, Mission Viejo, San Juan Capistrano)
- ☐ 5C - North County Coastal
- ☐ 5I - North County Inland
- ☐ Other:

TYPES OF SERVICE: For Interviewer

- ☐ Home Care Aide I
- ☐ Companionship/Socialization
- ☐ Chore
- ☐ Escort
- ☐ Errands
- ☐ Homemaking
- ☐ Laundry
- ☐ Meal Preparation
- ☐ Respite Care
- ☐ Shopping (Groceries/Necessities)

- ☐ Home Care Aide II
- ☐ Ambulation
- ☐ Assistive Devices
- ☐ Bathing
- ☐ Catheters (Assistance only)
- ☐ Dressing
- ☐ Enemas (Assistance only)
- ☐ Grooming
- ☐ Hair Care
- ☐ Incontinence (assistance only)
- ☐ Medications Reminder
- ☐ Menstrual (Assistance only)
- ☐ Oxygen (Assistance only)
- ☐ Toiletting (Assistance only)
- ☐ Transferring
- ☐ Turning/Positioning

- ☐ Home Care Aide III
- ☐ CNA (Non-Medical)
- ☐ CHNA (Non-Medical)

- ☐ Childcare
- ☐ General Populations
- ☐ DD Respite Care
- ☐ DD Fam Cost

- ☐ Miscellaneous
- ☐ Care Transitions
- ☐ Case Management
- ☐ Care Management
- ☐ Emergency Response
- ☐ Money Management
- ☐ Translation / Interpretive Services
- ☐ Transportation
- ☐ Urgent Services IHSS
- ☐ 12 Hour Live-Out
- ☐ 24 Hour Live-Out

Comments: _____

_____

_____

_____

FOR INTERVIEWER

EDUCATION:

Education	Taken
☐ AYHF CGC	_____
☐ Other CGC	_____
☐ AYHF Transp	_____
☐ AYHF Cont Ed	_____
☐ On Line LA Lev I	_____
☐ On Line LA Lev II	_____
☐ On Line LA Lev III	_____
☐ CNA Cont Ed	_____
☐ CHHA Cont Ed	_____
☐ RN Cont Ed	

CLIENT POPULATION:

- ☐ Child (0 - 17)
- ☐ Adult (18 - 64)
- ☐ Disabled Adult
- ☐ Developmentally Disabled
- ☐ Senior (65+)
- ☐ Mentally Disabled
- ☐ Other:

Comments: _____

_____

SAFE WEIGHT LIFTING ABILITIES
as indicated by applicant:

- ☐ No Lifting
- ☐ Light (up to 10 lbs.)
- ☐ Medium (10-20 lbs.)
- ☐ Heavy (20-55lbs.)

CERTIFICATIONS:

Certificate	Expires
☐ CHHA	_____
☐ CNA	_____
☐ LVN	_____
☐ RN	_____
☐ LCSW	_____
☐ AmerRedCr (X1)	_____
☐ CPR (X2)	_____
☐ SFA (X2)	_____
☐ Other:	_____
☐ RCFE Cert **OIR#**	_____

I understand that I must provide proof of current automobile insurance for any vehicle(s) I operate, and my insurance limits. Furthermore, I agree to only use public transportation or rides until I provide proof of automobile insurance. I further understand that driving without a driver's license will be grounds for immediate termination.

Applicant's Initials: _____