

Affinity At Home Care

1516 Oak St. STE 106
Alameda CA 94501

EMPLOYMENT APPLICATION

INSTRUCTIONS: If you need help filling out this application form or for any phase of the employment process, please notify the person that gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time.

1. Please read "APPLICANT NOTE" below.
2. Complete all pages of this application.
3. Print clearly: incomplete or illegible application will not be processed. PLEASE NOTE "NOT APPLICABLE" IF NOT ANSWERING A QUESTION
4. Provide only requested information. Failure to do so may result in disqualification of your application.
5. Some packets may include an AFFIRMATIVE ACTION QUESTIONNAIRE. This information is being gathered for affirmative action under Section 503 of Rehabilitation Act of 1973. The information requested is voluntary and will be kept confidential. An applicant will not be subject to any adverse treatment for refusing to complete questionnaire.

APPLICATION NOTE: This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination based on sex, marital status, race, color, age, creed, national origin, religion, or any other protected class status. Additional testing for the presence of illegal drugs in your body may be required prior to employment. After an offer of employment, and before reporting to work, you may be required to submit to a medical review.

PERSONAL INFORMATION

- Today's date: _____ How did you hear about Affinity At Home Care? _____
- Name: _____ Email: _____
- Home Phone #: (____) _____ - _____ Cellphone #: (____) _____ - _____ Alternative Phone #: (____) _____ - _____
- Current Address: _____
Street City State Zip Code
- Other Names Previously Used: _____
- Previous Address: _____
Street City State Zip Code
- Emergency Contact(s): _____
Name Phone Number
- Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.) **Yes No**
- Have you ever submitted an application in this office before? **Yes No** If yes, when? _____
- Have you ever been employed by this office before? **Yes No** If yes, when? _____
- Do you have a valid California driver's license? **Yes No**
- Name on License: _____ License Number: _____ State Issued: _____ Exp. Date: _____
- If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? **Yes No**
- Please list any other skills, licenses or certificates that may be job-related or that you feel would be of value to this job or company

- Are you registered as a Home Care Aide in the California Department of Social Services Home Care Aide Registry? **Yes No**
- Home Care Aide ID #: _____
- Have you been given a job description or had the essential functions of the job explained to you? **Yes No**
- Do you understand these essential functions? **Yes No**
- Can you perform the essential functions of this job with or without reasonable accommodation? **Yes No**
- If no, please describe the functions that cannot be performed. _____
- Are you currently employed? **Yes No**
- If yes, may we contact your current employer? **Yes No**

AVAILABILITY

- When can you start? _____
- Which Category do you prefer? Full Time Part-time Per-diem
- For which schedules are you available?

Shift:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Day (From-To)							
Night (From-To)							

PREFERENCES

- Please indicate all areas which you are willing to work:
 Contra Costa Alameda San Francisco Marin
- Please indicate the type of services you are willing to provide:
 Companionship Housekeeping (dusting/vacuum) Errand/Shopping/Transportation
 Personal Care Meal Preparation Laundry/Ironing
 Activities (Games/Crafts) Medication Reminder Dementia/Alzheimer's Care

Note: In order to be able to run errands, you will be required to have a valid driver's license and current auto insurance. A motor vehicle check will be conducted and proof of insurance will be required.

Affinity At Home Care

1516 Oak St. STE 106
Alameda CA 94501

- Are you willing to work with a client with pet? **Yes** **No**
- If yes, which pet? _____
- Are you willing to work with a client who smokes? **Yes** **No**
- Are you willing to work with a client who requires transferring and lifting? **Yes** **No**
- If yes, what is the maximum weight you can lift? _____

JOB RELATED SKILLS

Describe any training or lifesaving skills you have acquired that will apply to care of elderly clients:

Describe any work experience that is essential for the care of elderly clients:

When working with an elderly client, what is it that you like the most?

When working with an elderly client, what is it that you like the least?

What personal rewards do you get from working with elderly clients?

WORK HISTORY

Note: your application will not be considered unless all questions in this section are answered. Affinity At Home Care shall take every effort to contact your previous employer(s) it is essential that the correct telephone numbers must be supplied. List below all present and previous employment, starting with your most recent employer.

Name of Employer _____ Type of Business _____ () - () - ()
Street Address _____ City _____ State _____ Zip Code _____ Phone Number
Dates of Employment: _____ From _____ To _____ Salary: _____ Ending _____ Job Title: _____ Name of Supervisor: _____ Fax Number

Duties & Responsibilities _____

Reason for Leaving _____

May we contact this employer? **Yes** **No**

Name of Employer _____ Type of Business _____ () - () - ()
Street Address _____ City _____ State _____ Zip Code _____ Phone Number
Dates of Employment: _____ From _____ To _____ Salary: _____ Ending _____ Job Title: _____ Name of Supervisor: _____ Fax Number

Duties & Responsibilities _____

Reason for Leaving _____

May we contact this employer? **Yes** **No**

Name of Employer _____ Type of Business _____ () - () - ()
Street Address _____ City _____ State _____ Zip Code _____ Phone Number
Dates of Employment: _____ From _____ To _____ Salary: _____ Ending _____ Job Title: _____ Name of Supervisor: _____ Fax Number

Duties & Responsibilities _____

Reason for Leaving _____

May we contact this employer? **Yes** **No**

EDUCATION

Please circle the highest grade completed:

Grade: 6 7 8 High School: 9 10 11 12 College: 13 14 15 16+

School Type	Name of Institution	City/State	Course/Major	Year Attended	Graduate
High School	_____	_____	_____	_____	Y / N
Vocational/Technical	_____	_____	_____	_____	Y / N
College/University	_____	_____	_____	_____	Y / N

Affinity At Home Care

1516 Oak St. STE 106
Alameda CA 94501

SECURITY

Note: Please fill up completely the attached Authorization to do criminal and motor vehicle background check.

As a condition of employment, all employees must be "Bondable" and "Insurable".

- List states and counties of residences for the last seven years:
 - Year stayed: From _____ to _____ State/County: _____
 - Year stayed: From _____ to _____ State/County: _____
 - Year stayed: From _____ to _____ State/County: _____
 - Year stayed: From _____ to _____ State/County: _____
- Have you had any moving traffic violation? **Yes** **No**
If yes, please describe: _____

- Have you been charged/convicted of felony and/or misdemeanor/served time? **Yes** **No**
If yes, specify:

<u>Incident</u>	<u>City/State</u>	<u>Charge(s)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
- Have you ever been charged as perpetrator or appeared on any child abuse registry in the last 5 years?
Yes **No**

REFERENCES (Do not include relatives)

Please complete all references. **Your application will not be considered unless three references are provided.** Since we will contact the references, please notify them in advance. If we are unable to reach all three references, you will be asked to provide additional references.

FULL NAME	PHONE NUMBER	RELATIONSHIP	NO. OF YEARS KNOWN
_____	() - -	_____	_____
_____	() - -	_____	_____
_____	() - -	_____	_____

CERTIFICATION AND RELEASE:

I certify that I have read and understand the application note on page one (1) and that the best answer given by me to the foregoing questions and statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misinterpretations of facts in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents including consumer-reporting bureaus, to verify any of the information I have given, included but not limited to criminal history and motor vehicle driving records. I authorize all persons, schools, companies, and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing information. I release this company from any liability that might result from making such investigations. I also understand that the use of illegal drugs is prohibited during employment. I am willing to submit to drug testing to detect the use of illegal drug prior to and during my employment.

I understand that this application is not a contract of employment. I also understand that if hired, regardless of any oral prevention to the contrary, the employment relationship between Affinity At Home Care, and myself is terminable at-will, so that both the company and I remain free to choose to end out work relationship at any time for any reason or no reason. Any changes in this employment relationship must be made in writing. My signature below acknowledges that I have read, understand, and agree to the above disclosure. I also understand that due to the nature of the business, no amount of work can be guaranteed.

APPLICANT'S SIGNATURE OVER PRINTED NAME

DATE