



# Job Application Form

**Direction:** Please download form and print legibly  
 Email completed form to [info@aidlifehomecare.com](mailto:info@aidlifehomecare.com)

## PERSONAL INFORMATION

Last Name:		Legal First Name/s:	
Preferred Name/s:			
Home Address:			
Phone Number:		Best time to contact you: (Morning/Afternoon/Evening)	
<b>POSITION APPLIED FOR:</b>		Email Address:	
How did you hear about us? Please specify:			

## PREFERENCES

What date are you available to start work?			
When are you available to work? (Please select all that apply)	<input type="checkbox"/> Day Shift	<input type="checkbox"/> Rotating	<input type="checkbox"/> 4-5-hour shift
	<input type="checkbox"/> Evening Shift	<input type="checkbox"/> Monday to Friday	<input type="checkbox"/> 8-hour shift
	<input type="checkbox"/> Night Shift	<input type="checkbox"/> Weekends	<input type="checkbox"/> 12-hour shift
	<input type="checkbox"/> On-Call	<input type="checkbox"/> Weekends only	<input type="checkbox"/> Live-in (16-24 hours)
	<input type="checkbox"/> Holiday		
What type of job are you looking for? (Please select all that apply)	<input type="checkbox"/> Regular <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal		
What type of work will you accept? (Please select all that apply)	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Per Diem	How many hours do you want to work (Please give a range)?
This job position requires traveling to and/or from the client's home. Are you willing to travel:			<input type="checkbox"/> Yes <input type="checkbox"/> No
How many miles are you willing to travel?			
Any environmental concerns (i.e allergies)?			
Are you able to work with pets [Type YES or NO]			

## AVAILABILITY

(Only put your true availability)

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

## CERTIFICATIONS

(Only HHA Certification required – We will help you with this certification if needed)

Home Health Aide Certification	<input type="checkbox"/> YES	<input type="checkbox"/> NO	BLS/ CPR Certification	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Nursing Assistant Certification	<input type="checkbox"/> YES	<input type="checkbox"/> NO	First-Aid Certification	<input type="checkbox"/> YES	<input type="checkbox"/> NO



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**VETERAN / ACCOMMODATION**

**Do you claim Veterans Preference:**       YES       NO

(If yes, a copy (not original) of DD214 form must be attached to your application. If you hold an approved disability rating of 10% or more from the Veteran's Administration due to a disability, attach a copy (not an original) of the S15 form)

**Accommodation** In compliance with the Americans with Disabilities Act and California Fair Employment and Housing Act, AidLife Home Care, LLC (AHC) accepts accommodation requests from applicants with a disability. If you are an applicant for employment who has a disability and require reasonable accommodation in the application and examination process, please contact the AHC management to discuss your request.

Do you understand that you should contact the AHC management to discuss your request for an accommodation if needed?       YES       NO

**EDUCATIONAL BACKGROUND**

**Are you a current student?**       YES       NO

SCHOOL/INSTITUTION NAME	CITY/STATE	Course of Study or Major	DEGREE EARNED (i.e GED/High School Diploma/ Associate's degree/ Bachelor's Degree/ Certificate)	DATE OF COMPLETION

**REFERENCE**

**Do you agree to have referee contact in relation to this application?**       YES       NO  
 Please provide 2-3 referee with their **number/email**

NAME	TITLE/POSITION	RELATIONSHIP	CONTACT INFO



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I hereby certify that every statement I have made in this application is true and complete to the best of my knowledge. I understand that any false or incomplete answer may be grounds for not employing me or for dismissing me after I begin work. I understand that I will have to produce documentation verifying identity and employment eligibility in the U.S. I understand that I may be required to verify any, and all information given on this application. I understand that this completed application is the property of AidLife Home Care, LLC and will not be returned. I understand that AidLife Home Care, LLC may contact prior employers and other references. I understand that I must notify the Department of Human Resources of any changes in my name, address, or phone number.

Signature:	Date:
Print Name:	