JOB APPLICATION FORM

Direction: E-mail the completed job application form to info@aidlifehomecare.com

PERSONAL INFORMATION		
Last Name:	Legal First Name/s:	Middle Name:
Home Address:		
Phone Number:	Best time to contact you:	☐AM ☐PM ☐EVE
POSITION APPLIED FOR:	Email Address:	
How did you hear about us:		

PREFERENCES			
When are you available to start work?			
What shifts can you work?	☐4–6 hour shift ☐12- hour shift ☐8 hour shift ☐Live-in	How many miles are you willing to travel for work?	
What type of work will you accept?	☐Full-Time ☐Part-Time ☐On-Call	How many hours/week can you work?	
Any environmental concerns? (allergies/smoke)	☐Yes ☐No	Are you able to work with pets?	☐Yes ☐No

AVAILABILITY						
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

CERTIFICATIONS *(Only HCA Certification required* – We will help you with this certification if needed)			
☐ Home Care Aide Certification	☐ Nursing Assistant Certification	☐ BLS/ CPR Certification	☐ First-Aid Certification

WORK HISTORY			
EMPLOYER #1	Employer Name:		
	Address:		
	Position:	Manager's Phone Number:	
	Reason for Leaving:	Supervisor/Manager:	
		Manager's email:	
		May we contact this employer? ☐Yes ☐No	
EMPLOYER #2	Employer Name:		
	Address:		
	Position:	Manager's Phone Number:	
	Reason for Leaving:	Supervisor/Manager:	
		Manager's email:	
		May we contact this employer? ☐Yes ☐No	
EMPLOYER #3	Employer Name:		
	Address:		
	Position:	Manager's Phone Number:	
	Reason for Leaving:	Supervisor/Manager:	
		Manager's email:	
		May we contact this employer? ☐Yes ☐No	

OTHER INFORMATION		
All Language spoken and/or written proficiently:		
Do you have access to an automobile in good operating condition? ☐Yes ☐No		
Do you possess a valid California driver's license? ☐Yes ☐No	**DL Number:**	
Do you have an excellent DMV driving record? ☐Yes ☐No	Are you legally allowed to work in the US? ☐Yes ☐No	
Have proof of current auto insurance, if needed? ☐Yes ☐No	Have proof of your legal right to work in the US? ☐Yes ☐No	
Have you ever been convicted, pleaded guilty or no contest to a misdemeanor and/or felony? If yes, please explain. (attach additional paper if needed) ☐Yes ☐No		

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VETERAN / ACCOMMODATION
Do you claim Veterans Preference: ☐ Yes ☐ No (If yes, a copy (not original) of the 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 disabilities. If you are an applicant for employment who has a disability and requires reasonable accommodation in the application and examination process, don't hesitate to get in touch with AHC management to discuss your request. Do you understand that you should contact the AHC management to discuss your request for accommodation if needed? ☐ Yes ☐ No

EDUCATIONAL BACKGROUND

Are you a current student? ☐ Yes ☐ No

SCHOOL 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

Provide three (3) individuals as your professional references. AidLife Home Care will contact your referees about this application.

NAME	TITLE/POSITION	RELATIONSHIP	CONTACT INFO

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 or 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 to my name, address, or phone number.

Legal Name: _____ Signature: _____	Date:

PRE-EMPLOYMENT/EMPLOYEE BACKGROUND CHECK AUTHORIZATION

According to state and federal law, it is unlawful to discriminate against any applicant based on age, sex, race, creed, national origin, or color.

I, _____with CDSS PER ID/ PERSONAL ID/ HCA ID number (10-digits#): _____ (put n/a if unknown or not applicable) understand that as a part of AidLife Home Care, LLC's (AHC) procedures for processing my employment application of for otherwise determining my eligibility for a position with AHC, AHC may obtain a background check at any time for employment purposes. *This report may include information as to your personal/professional reference, past employment verification, education verification, civil background records, criminal background records, motor vehicle records, sex and violent offenders record, any medical information and suitability, drugs/alcohol test results,TB clearnce, physical exams and history, any license verification, and child abuse clearance (if indicated), whichever may be applicable.* This information may be acquired by contacting either directly or indirectly former employers, co-workers, educational institutions, and public/private agencies.

I also understand that this authorization is to be part of the written and signed employment application. In addition**, I understand that I do not have to give authorization for a background check but if I do not give permission, my employment application will not be processed further**. I further authorized that a photocopy of this authorization may be considered as valid as original.

I hereby authorize AidLife Home Care, LLC to obtain this and any future background check information for employee purposes. I authorize all articles including federal and state agencies, persons, and organizations that may have information relevant to this research to disclose such information to AidLife Home Care, LLC or its authorized agent(s). **I authorize all articles contacted by AHC or background check agency to release the requested information, from any and all liabilities, claims or lawsuits regarding the Information obtained from any and all of the above referenced sources.** I acknowledge and agree that I have read the "Summary of Your Rights under the Fair Credit Reporting Ave," have reviewed its contents and that I will comply with my obligations under the Fair Credit Reporting Act.

I hereby authorize AHC to release any and all professional credentials, work verifications, criminal background check information and/or health information that have been acquired by AidLife Home Care, LLC. I understand this information will be sent only to clients where I will be working as an AHC employee, for the purposes of assuring that all required credentials and regulatory documentation as required by contract are in place and current prior to and during my assignment**. I hereby release AidLife Home Care, LLC and affiliates, schools, companies, former employer, and all other persons named from all liability for any damage resulting from issuing this information.**

I hereby certify that all statements on this form are true and correct to the best of my knowledge and belief. I acknowledge that any answer or information be found incorrect or omitted will be just cause for termination of employment at AidLife Home Care, LLC. I understand that employment with AidLife Home Care, LLC is contingent upon successful completion of a background check.

Signature:		Date:	