

Companion Care Services

Employee Application

Name: _____ Date: _____

Address: _____

Mailing address: Same as above _____

Phone #: _____ Other Phone: _____

Email: _____

Are you a United States Citizen over the age of 18? YES NO
If **NOT**, are you a Legal Alien authorized to work in the United States? YES NO
Have you ever been convicted of a felony or misdemeanor? YES NO

If **YES**, list date(s) and conviction(s):

Language(s):	<input type="checkbox"/> English	<input type="checkbox"/> Speak	<input type="checkbox"/> Read	<input type="checkbox"/> Write
	<input type="checkbox"/> Spanish	<input type="checkbox"/> Speak	<input type="checkbox"/> Read	<input type="checkbox"/> Write
	<input type="checkbox"/> Other	<input type="checkbox"/> Speak	<input type="checkbox"/> Read	<input type="checkbox"/> Write

AUTOMOBILE INSURANCE INFORMATION (Please provide proof of valid insurance)

Do you drive: YES NO Other Transportation? _____
Do you have access to a car? YES NO _____
Drivers License Number: _____ State: _____ Expiration Date: _____
Name of Insurance Company: _____ Agent's Name: _____ Telephone: _____

Has your license ever been suspended or revoked? If YES, please explain?

**** You need to provide your social security card and driver's license or ID card before payroll can be processed.**

Certification:

I certify that all statements made on this form are true and complete to the best of my knowledge. I understand that any false statements or misrepresentations may result in my disqualification as a provider.

Signature: _____ Date: _____

Please let us know what skills you feel comfortable performing in a client's home:
 (Please check all boxes that apply)

Domestic Services

- Light housekeeping
- Prepare meals
- Meal clean up
- Routine laundry
- Shopping for Food
- Other shopping errands
- Protective Supervision**
 Providing care to assure safety of client

Accompaniment Services

- Medical Appointments
- Alternative Resources
- Teaching/Demonstration**
 Teaching self-care skills
- Paramedical Services**
 Services approved by a doctor

Yard Hazard

- Remove grass or weeds, trash
- Remove Ice/Snow

Non-medical Personal Services

- Respiration Assistance (breathing assistance)
- Bowel, bladder care (diapers, bedpans)
- Feeding
- Routine bed baths
- Dressing
- Ambulation (Assistance with walking)
- Moving in and out of bed
- Bathe, Oral hygiene/Grooming
- Rub skin, Repositioning, Help on/off seats, In/Out of vehicle
- Care/Assistance with prosthesis (includes assistance with medication, artificial limbs/braces)

Days and Hours desired:

(Please check the days and times you are available)

- | | | | | | | | |
|------------|------------------------------|------------------------------|------------------------------|-------------------------------|------------------------------|------------------------------|------------------------------|
| Mornings | <input type="checkbox"/> Mon | <input type="checkbox"/> Tue | <input type="checkbox"/> Wed | <input type="checkbox"/> Thur | <input type="checkbox"/> Fri | <input type="checkbox"/> Sat | <input type="checkbox"/> Sun |
| Afternoons | <input type="checkbox"/> Mon | <input type="checkbox"/> Tue | <input type="checkbox"/> Wed | <input type="checkbox"/> Thur | <input type="checkbox"/> Fri | <input type="checkbox"/> Sat | <input type="checkbox"/> Sun |
| Evenings | <input type="checkbox"/> Mon | <input type="checkbox"/> Tue | <input type="checkbox"/> Wed | <input type="checkbox"/> Thur | <input type="checkbox"/> Fri | <input type="checkbox"/> Sat | <input type="checkbox"/> Sun |
| Overnight | <input type="checkbox"/> Mon | <input type="checkbox"/> Tue | <input type="checkbox"/> Wed | <input type="checkbox"/> Thur | <input type="checkbox"/> Fri | <input type="checkbox"/> Sat | <input type="checkbox"/> Sun |

Desired hours per week? How many hours are you available to work per week? _____

Are you willing to work "On Call"?

(Available to work within an hour of being called)

- YES NO

Are you willing to work "Respite Care"?

(Available to fill in for a provider who as requested time off on a temporary basis)

- YES NO

Geographic Preference:

(Please check the boxes for the areas you are most interested in working. If a city is not listed, write that city on the line that says "other")

San Bernardino County

- Chino Valley
- Pomona
- Redlands
- Ontario
- Rancho Cucamonga
- Fontana
- San Bernardino

Riverside County

- Riverside
- Corona
- Lake Elsinore
- Moreno Valley
- Temecula
- Hemet Valley
- Sun City

San Diego County

- Escondido
- San Marcos
- Poway
- La Mesa
- Chula Vista
- Oceanside
- San Diego

Other: _____

Current or Most Recent Employer: (Please complete all boxes)

Client/Employer:	From: mm/yy	To: mm/yy
Job Title:		
Address:		Phone:
Duties:		
Reason for Leaving:		Office Use Only <input type="checkbox"/> Verified
<input type="checkbox"/> Never Employed		

Volunteer Experience:

Name of Company:	How Long? Months: Years:	Duties:
Name of Company:	How Long? Months: Years:	Duties:

Training & Certificates: Do you have any other skills that you feel would be a benefit to the HomeEC Services client? (Please bring copies of certificates and current cards to your interview)

- CNA CHHA CPR First Aid Medical Asst. Hospice
 Other

NONE

Provider Preferences:

Do you smoke? (Clients may request a non-smoker) YES NO

Will you work for a smoker? YES NO

Do you have a client preference? YES NO

Please indicate:

Will you work in a home with a family pet? YES NO

Do you have allergies? (Cat, dog, other) YES NO Other

Will you work for more than one client? YES NO

Will you take a live in position? YES NO

How many total years of care-giving experience do you have?

Do you understand that a client may request that you not smoke, wear perfume, or may make reasonable requests in regards to your personal appearance and/or hygiene?

YES NO

Please list any questions you may have:

Certification: I certify that all statements made on this application are true and complete to the best of my knowledge. I understand that any false statements or misrepresentations may result in my disqualification for services. I understand that the references that I have provided will be checked.

Signature:

Date

All Applicants MUST provide a Criminal Background Check