



# Caregiver Employment Application Form

NOTE: Applicants may be tested for illegal drugs.

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

**Personal Information**

<b>PLEASE COMPLETE ALL QUESTIONS, PAGES 1-4</b>				<b>Date:</b>	
<b>Name:</b>	Last:	First:	Middle:		
<b>Present Address:</b>	Street:	City:	State:	Zip:	
How long at this address?:		Social Security No.: - -			
Home Phone: ( ) -		Business Phone: ( ) -		Cell Phone: ( ) -	
Please list age (if under 18):		Please indicate the days and times you are available to work: <input type="checkbox"/> Anytime			
Position applied for: <b>Have you ever applied here before:</b> Yes _____ No _____		Mon – From: To:		Thr – From: To:	
Salary range desired:		Tue – From: To:		Fri – From: To:	
		Wed – From: To:		Sat – From: To:	
				Sun – From: To:	
How many hours can you work weekly?			Are you available to work nights? <input type="checkbox"/> Yes <input type="checkbox"/> Some <input type="checkbox"/> None		
Are you available to work weekends? <input type="checkbox"/> Yes <input type="checkbox"/> Some <input type="checkbox"/> None			Would you consider live-in? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employment desired: <input type="checkbox"/> PART-TIME ONLY <input type="checkbox"/> FULL- OR PART-TIME <input type="checkbox"/> FULL-TIME ONLY					
Are you legally authorized to work in the US:? <input type="checkbox"/> Yes <input type="checkbox"/> No			When are you available to start work?:		
Where did you hear about us?			Email address:		

**Education Information**

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (City, State)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. Or Trade School				
Professional School				

Have you ever been convicted of a crime?  Yes  No

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation (A conviction will not necessarily result in the denial of employment):

Have you ever worked under a different name?  Yes  No

If YES, what was it and what was the reason?

Do you have any relatives or friends that work for the Company?  Yes  No

If YES, what is their name?

In Case of Emergency, Please Contact:

Name:  
Home Phone:

Relation:  
Business Phone:



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**Driving Information**

Do you have a driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have active auto insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a car?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If NO, How would you get to work?	
Driver's License No.:	State of Issue:	Expiration Date:	
Have you had any accidents during the past three years?	<input type="checkbox"/> No <input type="checkbox"/> Yes	How many?	_____
Have you had any moving violations during the past three years?	<input type="checkbox"/> No <input type="checkbox"/> Yes	How Many?	_____

**Personal Reference Information**

List two personal references. **DO NOT LIST relatives or previous supervisors.**

Name: _____	Name: _____
<input type="checkbox"/> Friend <input type="checkbox"/> Co-worker <input type="checkbox"/> Teacher <input type="checkbox"/> Pastor <input type="checkbox"/> Current Client <input type="checkbox"/> Former Client	<input type="checkbox"/> Friend <input type="checkbox"/> Co-worker <input type="checkbox"/> Teacher <input type="checkbox"/> Pastor <input type="checkbox"/> Current Client <input type="checkbox"/> Former Client
Company: _____	Company: _____
Address: _____ _____	Address: _____ _____
Telephone where person can be reached 9a – 5p (____) _____	Telephone where person can be reached 9a – 5p (____) _____

An application form sometimes makes it difficult to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications to be a caregiver. Please note any experience with caregiving professionally, for your parents, spouse, children or friends. Use additional sheets, if necessary.

Why do you enjoy caregiving?

**Describe some of your volunteer work:**

Please check any Certification(s) you currently process:	<input type="checkbox"/> Certified Nursing Assistant	<input type="checkbox"/> Medication Technician
	<input type="checkbox"/> Certified Medicine Aide	<input type="checkbox"/> CPR certification
	<input type="checkbox"/> Geriatric Nursing Assistant	<input type="checkbox"/> First Aid Certification
	<input type="checkbox"/> CIJIS Report	



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**Work Experience** Please list **at least two** of your work experiences for the past five years **beginning with your most recent job held. If you were self-employed, give company name.** Attach additional sheets if necessary.

Name and address of employer:	Name of last supervisor	Employment dates	Pay or salary
		From: To:	Start: Final:
Phone number:	Your Last Job Title:		
Reason for leaving (be specific):			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked here:			

May we contact your present employer?     Yes     No

**If NO, Please Explain Why and Please Provide Us With Another Work Reference:**

Name and address of employer:	Name of last supervisor	Employment dates	Pay or salary
		From: To:	Start: Final:
Phone number:	Your Last Job Title:		
Reason for leaving (be specific):			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked here:			

May we contact this employer?     Yes     No

**If NO, Please Explain Why and Please Provide Us With Another Work Reference On Separate Sheet:**

**Skill Information**

How would you rate yourself on your experience with the following aspects of caregiving? 1 = No Experience    2 = Some Experience    3 = Good Experience    4 = Excellent Experience	
Companionship <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Incontinence Care <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Meal Preparation <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Dementia / Alzheimer's Care <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Light Housekeeping <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Comments
Bathing / Showering <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
Dressing / Grooming <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
Transferring <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	

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PLEASE READ CAREFULLY

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APPLICATION FORM WAIVER

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In exchange for the consideration of my job application by COCA, Inc., DBA: Personal Care Services (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Personal Care Services, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and Ofelia, Inc., DBA: Personal Care may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

**I hereby release any and all prior employers or current employers from liability or claims arising out of the provision of information about my employment with such employer. I hereby waive any cause of action I might otherwise have against such employer arising out of the provision of information concerning my employment.**

I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE. I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

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Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name: \_\_\_\_\_

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Personal Care Services is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.

**Please return this application to our office at your earliest convenience.**



791 Marylind Avenue  
Claremont, CA 91711  
(909) 399-0888  
(909) 399-3555 (FAX)

In-Home Care



personal  
care services

## Authorization And Release For The Procurement Of A Consumer And/Or Investigative Consumer Report

**(PLEASE PRINT OR TYPE)**

I, the undersigned consumer, do hereby authorize COCA, INC., DBA: PERSONAL CARE by and through its independent contractor, **ADP**, to procure a consumer report and/or investigative consumer report on me.

These above-mentioned reports may include, but are not limited to, information as to my character, general reputation, personal characteristics and mode of living, discerned through employment and education verifications; personal references; personal interviews; my personal credit history (if applicable to the position) based on reports from any credit bureau; my driving history, including any traffic citations; a social security number verification; present and/or former addresses; criminal and/or civil history/records; or any other public record.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative consumer report of which I am the subject upon my written request to **ADP**, if such is made within a reasonable time after the date hereof. I also understand that I may receive a written summary of my rights under 15 U.S.C. § 1681et. seq.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to COCA, INC., DBA: PERSONAL CARE, by and through **ADP**, including, but not limited to, any and all courts, public agencies, law enforcement agencies and credit bureaus, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources.

I hereby release COCA, INC., DBA: PERSONAL CARE , **ADP** and any and all persons, business entities and governmental agencies, whether public or private, from any and all liability, claims and/or demands, by me, my heirs or others making such claim or demand on my behalf, for providing a consumer report and/or investigative consumer report hereby authorized.

I understand that this Authorization/Release form shall remain in effect for the duration of my employment with said Company. Additionally, I give permission to investigate any incidents of workplace misconduct, including but not limited to; sexual harassment, of which I have been accused for which I am alleged to have been involved during my employment. Further, I certify that the information contained on this Authorization/Release form is true and correct and that my application or employment may be terminated based on any false, omitted, altered or fraudulent information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_  
First Middle Last

\_\_\_\_\_ Date Used: \_\_\_\_\_  
Other Names Used (Alias, maiden, nickname, etc)

Current Address: \_\_\_\_\_  
Street /P. O. Box City State Zip Code County Date Lived

Former Address: \_\_\_\_\_  
Street /P. O. Box City State Zip Code County Date Lived

Former Address: \_\_\_\_\_  
Street /P. O. Box City State Zip Code County Date Lived

Social Security Number: \_\_\_\_\_ Daytime Telephone Number: (\_\_\_\_) \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State of Issuance: \_\_\_\_\_ Date of Birth\*: \_\_\_\_\_ Gender\* \_\_\_\_\_

- Have you ever been convicted of a crime or convicted in a military court martial? Yes \_\_\_\_ No \_\_\_\_
- Have you ever been sanctioned or had your licenses suspended or revoked? Yes \_\_\_\_ No \_\_\_\_
- Are you currently under any investigation or pending charge? Yes \_\_\_\_ No \_\_\_\_

\* This information will enable us to properly identify you in the event we find adverse information during the course of our background search.