

# PROVIDENCE HOME CARE

## Application for Employment

Providence Home Care, LLC is an equal opportunity employer

PERSONAL DATA			
First Name	Middle Name	Last Name	Date of Birth (MM/DD/YYYY)
Physical Address		City	State      Zip-Code
Mailing Address <input type="checkbox"/> Same as Above		City	State      Zip-Code
Primary Phone Number	Secondary Phone Number (Optional)		Preferred Time to Contact

TYPE OF EMPLOMENT DESIRED			
Please indicate the type of employment you are seeking: (Select all that apply)	Available Days	Available Shifts	Holidays Available
<input type="checkbox"/> Regular Full Time <input type="checkbox"/> Overnight Caregiver <input type="checkbox"/> Regular Part Time <input type="checkbox"/> Live-In Caregiver <input type="checkbox"/> Per-Diem (PRN) <input type="checkbox"/> Temporary / Seasonal	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/> 2-4 Hours <input type="checkbox"/> 4-8 Hours <input type="checkbox"/> 8-12 Hours <input type="checkbox"/> Overnight <input type="checkbox"/> Holidays	<input type="checkbox"/> New Year's Day <input type="checkbox"/> Memorial Day <input type="checkbox"/> Independence Day <input type="checkbox"/> Labor Day <input type="checkbox"/> Thanksgiving <input type="checkbox"/> Christmas Day

BASIC QUESTIONS		
Were you referred by a current or former employee?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, who?
Do you have any relatives currently working for Providence Home Care?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, who? What position do they hold?
Are you able to perform the essential functions of this position with, or without reasonable accommodations?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If NO, please describe in detail in the space provided:

IMPORTANT ACKNOWLEDGEMENTS AND POLICIES
(Note: We may refuse to hire relatives of current employees if doing so could result in actual or potential problems in supervision, security, safety, company morale or creates a conflict of interest.)
Note: We comply with the Americans with Disabilities Act (ADA) and consider reasonable accommodations measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing medical examination, skill and agility tests related to job function.)

**HOME CARE AIDE (HCA) SPECIFIC QUESTIONS**

Do you have verifiable experience as a Home Care Aide (HCA), or similar position?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, how many years?
Are you a Home Care Aide registered with the state of California?	<input type="checkbox"/> YES <input type="checkbox"/> NO	HCA PER/ID Number:
		Valid Until Date:
What is your salary/hourly wage expectation for this position?	\$	<input type="checkbox"/> Per Hour <input type="checkbox"/> Annually

**GENERAL EXPERIENCE**

<input type="checkbox"/> Male Clients	<input type="checkbox"/> Dementia / Alzheimer's	<input type="checkbox"/> Wheelchair and/or Walker
<input type="checkbox"/> Female Clients	<input type="checkbox"/> Medically Unstable Client	<input type="checkbox"/> Hoyer Lift
<input type="checkbox"/> Children (13-18)	<input type="checkbox"/> Transporting Clients	<input type="checkbox"/> Hospital Bed and Associated Equipment
<input type="checkbox"/> Companion Caregiving	<input type="checkbox"/> Administrative Assistance	<input type="checkbox"/> Respiratory Equipment
<input type="checkbox"/> Homemaker Experience	<input type="checkbox"/> Pet Care Experience	<input type="checkbox"/> Experience with a Medical Emergency
<input type="checkbox"/> Overnight Caregiving	<input type="checkbox"/> Shopping and Errands	
<input type="checkbox"/> Total Care or Bedbound Client		

**TRANSPORTATION QUESTIONS**

Please answer the following questions regarding transportation:

1. Do you have a reliable means of transportation?----- YES  NO
2. Do you have a valid, unencumbered driver's license?----- YES  NO
3. Are you able to provide evidence of vehicle insurance?----- YES  NO
4. Are you willing to drive a client's personal vehicle?----- YES  NO
5. Are you willing to accompany a client who is driving?----- YES  NO
6. Are you willing to transport a client within your personal vehicle?----- YES  NO
7. Are you willing to escort a client on public transportation?----- YES  NO

Do you have a geographical preference for clients?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, where?
Do you have a limit on how far you are willing to drive to a client's home? (Providence Home Care operates exclusively in San Diego County, CA)	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, how far?

**EMPLOYMENT HISTORY**

Please fill out the following information on your employment history for the last 3 positions (or 5 years)

**POSITION 1**

Name of Employer	City and State	Phone Number	
Position Title	From (mm/dd/yyyy)	To (mm/dd/yyyy)	
Main Duties			
May we contact this employer for a reference?			<input type="checkbox"/> YES <input type="checkbox"/> NO
This is my current position			<input type="checkbox"/> YES <input type="checkbox"/> NO

**POSITION 2**

Name of Employer	City and State	Phone Number	
Position Title	From (mm/dd/yyyy)	To (mm/dd/yyyy)	
Main Duties			
May we contact this employer for a reference?			<input type="checkbox"/> YES <input type="checkbox"/> NO

**POSITION 3**

Name of Employer	City and State	Phone Number	
Position Title	From (mm/dd/yyyy)	To (mm/dd/yyyy)	
Main Duties			
May we contact this employer for a reference?			<input type="checkbox"/> YES <input type="checkbox"/> NO

**REFERENCES**

Please provide the contact information for 2 professional references and 1 personal reference. These contacts should be familiar with your work ethic, skills, and overall personality.

**PROFESSIONAL REFERENCE 1**

First Name	Last Name	Phone Number
Organization	Relationship	Years Known <b>YEARS</b>

**PROFESSIONAL REFERENCE 2**

First Name	Last Name	Phone Number
Organization	Relationship	Years Known <b>YEARS</b>

**PERSONAL REFERENCE**

First Name	Last Name	Phone Number
Organization	Relationship	Years Known <b>YEARS</b>

**ACKNOWLEDGEMENTS**

Please read carefully and provide your initials next to each paragraph below.

\_\_\_\_\_  
**INITIALS**

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_  
**INITIALS**

I hereby authorize Providence Home Care and its representatives, to thoroughly investigate my references, work record, education and other matters related to my suitability for employment (excluding criminal background information) unless otherwise specified above. I further authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships, and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_  
**INITIALS**

I understand that nothing contained in the application or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Company's designated representative.

\_\_\_\_\_  
**INITIALS**

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

\_\_\_\_\_  
**INITIALS**

**Fair Chance Act Compliance Statement**  
Providence Home Care will consider qualified applicants with a criminal history pursuant to the California Fair Chance Act. You do not need to disclose your criminal history or participate in a background check until a conditional job offer is made to you. After making a conditional offer and running a background check, if Providence Home Care is concerned about conviction that is directly related to the job, you will be given the chance to explain the circumstances surrounding the conviction, provide mitigating evidence, or challenge the accuracy of the background report. Find out more about the Fair Chance Act by visiting the Civil Rights Department Fair Chance Act webpage.

\_\_\_\_\_  
**INITIALS**

Providence Home Care is an equal opportunity employer that is totally committed to diversity and inclusion in the workspace. We prohibit discrimination and harassment of any kind, including that which is based on race, color, sex, religion, sexual orientation, national origin, disability, genetic information, pregnancy, or any other protected characteristics outlined by federal and state laws. This policy applies to all employment practices within our organization, including hiring, recruiting, promotion, discipline, termination, layoff, recall, leave of absence, compensation, benefits, training, and apprenticeship. Providence Home Care is a meritocracy, making hiring decisions based solely on qualifications and the needs of the business at that time. For more information, please read through our EEO policy located in the employee handbook.

**SIGNATURE**

Please print and sign your name below prior to submitting a job application

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed