



A HELPING HAND HOMECARE, LLC
ENCOURAGING AND SECURING INDEPENDENT LIVING
6092 PONY EXPRESS TRAIL, SUITE 1
POLLOCK PINES, CA 95726
530-647-0266 PH.
530-647-0278 FAX

APPLICATION FOR EMPLOYMENT

WE ARE AN EQUAL OPPORTUNITY EMPLOYER, DEDICATED TO A POLICY OF NON-DISCRIMINATION IN EMPLOYMENT ON ANY BASIS INCLUDING RACE, COLOR, AGE, SEX, RELIGION, DISABILITY, NATIONAL ORIGIN, ANCESTRY, VETERAN STATUS, MEDICAL CONDITION, SEXUAL ORIENTATION, MARITAL STATUS OR ANY OTHER CHARACTERISTIC PROTECTED BY APPLICABLE STATE OR FEDERAL CIVIL RIGHTS LAWS.

PERSONAL INFORMATION

NAME: _____ DATE: _____
LAST FIRST M.I.

HAVE YOU EVER WORKED OR BEEN EDUCATED UNDER A DIFFERENT NAME? YES/NO IF YES, WHICH NAME(S): _____

SSN: _____ ARE YOU AT LEAST 18 YEARS OLD? YES/NO
ARE YOU LEGALLY AUTHORIZED AND ABLE TO PROVIDE DOCUMENTATION TO WORK IN THE UNITED STATES? YES/NO

PRIMARY PHONE: _____ SECONDARY PHONE: _____

PRESENT ADDRESS: _____
STREET CITY STATE ZIP

PERMANENT ADDRESS: _____
STREET CITY STATE ZIP

HAVE YOU EVER BEEN CONVICTED OF, OR HAVE YOU PLEADED GUILTY OR NO CONTEST TO, A FELONY OFFENSE? PLEASE EXPLAIN: _____

A FELONY CONVICTION WILL NOT NECESSARILY DISQUALIFY THE APPLICANT FROM BEING HIRED.

EMPLOYMENT DESIRED

POSITION: _____ SALARY DESIRED: _____

DATE TO START: _____ ARE YOU ABLE TO WORK NIGHTS AND WEEKENDS? YES/NO

ARE YOU EMPLOYED NOW? YES/NO

HAVE YOU APPLIED WITH OUR COMPANY BEFORE? YES/NO IF YES, WHEN? _____

REFERRED BY: _____

VEHICLE INFORMATION (DRIVING REQUIREMENTS MAY VARY FROM CASE TO CASE)

DO YOU HAVE A VALID DRIVER'S LICENSE? YES/NO

IF YES, ISSUING STATE AND #: _____

DO YOU HAVE A VEHICLE? YES/NO IF YES, LICENSE PLATE #: _____

MAKE: _____ MODEL: _____

AUTOMOBILE INSURANCE COMPANY: _____

POLICY: _____

PHONE: _____

<i>EDUCATION</i>	<i>NAME & LOCATION:</i>	<i># OF YEARS ATTENDED:</i>	<i>DID YOU GRADUATE?</i>	<i>SUBJECTS STUDIED</i>
<i>GRAMMAR SCHOOL</i>				
<i>HIGH SCHOOL</i>				
<i>COLLEGE</i>				
<i>TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL</i>				

ACTIVE CPR/FIRST AID CERTIFICATION: YES/NO

DATE RECEIVED: _____

DO YOU HOLD ANY LICENSING FOR THE HEALTH CARE FIELD? YES, NO IF YES, PLEASE EXPLAIN:

ACTIVITIES (CIVIC, ATHLETIC, ETC.), SPECIAL SKILLS, CERTIFICATES, AWARDS OR COURSES:

EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS.

SOME OF OUR CLIENTS SPEAK LANGUAGES OTHER THAN ENGLISH. WHAT LANGUAGES CAN YOU READ, SPEAK, OR WRITE? _____

U.S. MILITARY OR NAVAL SERVICE: _____ RANK: _____

PRESENT MEMBERSHIP IN THE NATIONAL GUARD RESERVES: _____

IN CASE OF AN EMERGENCY, PLEASE NOTIFY:

NAME: _____ RELATIONSHIP: _____

PRIMARY PHONE: _____ SECONDARY PHONE: _____

ADDRESS: _____
STREET CITY STATE ZIP

WORK EXPERIENCE

PLEASE SHARE HOW YOU BEGAN IN THIS FIELD: _____

PLEASE DISCUSS ANY TRAINING OR RELATED EXPERIENCE YOU HAVE WITH WORKING AS A CAREGIVER, WITH THE ELDERLY, OR THOSE WITH SPECIAL NEEDS: _____

PLEASE LIST YOUR PRIOR EMPLOYMENT HISTORY BELOW, BEGINNING WITH CURRENT FIRST
(PLEASE FILL OUT IN ITS ENTIRETY, "SEE RESUME ATTACHED" NOT ACCEPTED):

DATE (MONTH & YEAR)	NAME & ADDRESS OF EMPLOYER	WAGE/ SALARY	POSITION	REASON FOR LEAVING	PHONE NUMBER
FROM:					
TO:					
FROM:					
TO:					
FROM:					
TO:					
FROM:					
TO:					
FROM:					
TO:					
FROM:					
TO:					
FROM:					
TO:					

WHICH OF THESE JOBS DID YOU ENJOY THE MOST? _____

WHAT DID YOU LIKE MOST ABOUT THIS JOB? _____

PERSONAL REFERENCES (NON-RELATIVES IF POSSIBLE)

NAME	ADDRESS	PHONE	RELATIONSHIP/ No. OF YRS. KNOWN

ATTACH ADDITIONAL INFORMATION IF NECESSARY.

I CERTIFY THAT THE FACTS SET FORTH IN THIS APPLICATION FOR EMPLOYMENT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IF I AM EMPLOYED, FALSE STATEMENTS ON THIS APPLICATION SHALL BE CONSIDERED SUFFICIENT CAUSE FOR DISMISSAL. THIS COMPANY IS HEREBY AUTHORIZED TO MAKE ANY INVESTIGATIONS OF MY PRIOR EDUCATIONAL AND EMPLOYMENT HISTORY.

I UNDERSTAND THAT NO SUPERVISOR, MANAGER, OR EXECUTIVE OF THIS COMPANY, HAS ANY AUTHORITY TO ALTER THE FOREGOING.

SIGNATURE: _____ DATE: _____

DO NOT WRITE BELOW THIS LINE

FOR OFFICE USE ONLY:

INTERVIEW SCHEDULED? YES/NO

DATE/TIME: _____

INTERVIEWED BY: _____

DATE/TIME: _____

REMARKS: _____

NEATNESS: _____

HIRED: YES/NO POSITION: _____ DEPT.: _____

SALARY/WAGE: _____ DATE REPORTING TO WORK: _____

APPROVED: 1. _____
SERVICE COORDINATOR

2. _____
SUPERVISOR

3. _____
DIRECTOR



A Helping Hand Home Care, LLC

ENCOURAGING & SECURING INDEPENDENT LIVING

Personal Attendant Availability

NAME: _____

AREAS WILLING TO WORK: _____

CELL #: _____

FAX #: _____

E-MAIL: _____

AREA YOU LIVE IN: _____

AVAILABILITY: Please be specific with hours as far as start and end times. Please do not just write OPEN but circle all that apply.

<u>Sunday</u>	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>
Hourly? ___ to ___	Hourly? ___ to ___	Hourly? ___ to ___	Hourly? ___ to ___	Hourly? ___ to ___	Hourly? ___ to ___	Hourly? ___ to ___
Hourly? ___ to ___	Hourly? ___ to ___	Hourly? ___ to ___	Hourly? ___ to ___	Hourly? ___ to ___	Hourly? ___ to ___	Hourly? ___ to ___
12 hr. S/O?	12 hr. S/O?	12 hr. S/O?	12 hr. S/O?	12 hr. S/O?	12 hr. S/O?	12 hr. S/O?
24 hr.?	24 hr.?	24 hr.?	24 hr.?	24 hr.?	24 hr.?	24 hr.?

ADDITIONAL NOTES: _____

Professional Personal Attendant Photo Profile



Name: _____

Date: _____

PERSONALITY

- Introvert
- Extrovert
- Self Assured
- Talkative
- Second Language _____
- Smoker Non-Smoker

SKILL LEVEL

- Homemaker/Companion
- Skilled Care
- CNA HHA EMT LVN

DME EXPERIENCE

- Colostomy Bag
- Hoyer Lift
- Cane/Four prong/Walker
- Gait Belt
- Catheter Bag
- Hospital Bed/Trapeze
- Wheelchair

EXPERIENCED IN ASSISTING WITH

- Basic Housekeeping
- Laundry
- Meal Prep / Cooking
- Transportation
- Remind/Assist with Medications
- Incontinent Care
- Oral Care
- Dressing Un-Dressing
- Transfers Ambulation
- Bath Bed Bath Shower
- Bed Bound Clients
- Strip occupied bed
- Range of Motion Exercises
- Light Wound Dressing
- Light Gardening
- Nail Care
- Gentle Massage
- Assist with Feeding
- Dementia / Alzheimer's
- Hospice Care (All Aspects)
- Mentally Disabled





A Helping Hand Homecare & Transportation Services
ENCOURAGING & SECURING INDEPENDENT LIVING

Hiring Requirements for A Helping Hand

- 1) Current and valid driver's license
- 2) Current auto registration
- 3) Current auto insurance (must carry \$100,000 & \$300,000)
- 4) Social Security card
- 5) Clean, safe, presentable, operable vehicle
- 6) Five to seven year DMV report (yearly)
- 7) Complete physical & TB test (supplied by company)
- 8) Company will pay for physical and T.B. test upon hiring.
The cost will be taken out of employee's first paycheck.
Company will reimburse the cost after employees 90 day probation.
- 9) TB test every two years (employee responsible for this)
- 10) Pass drug test (supplied by company)
- 11) Ability to follow company policies and procedures
- 12) Sincere desire to improve the quality of one's life
- 13) Presents well and is professional
- 14) Must be registered with the state of California