

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Home Phone	Cell Phone		
Date Available	Social Security No.	Desired Salary	
Position Applied for			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain

EDUCATION			
High School		City, State	
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/> Degree
College		City, State	
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/> Degree
Other		City, State	
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/> Degree

PREVIOUS EMPLOYMENT			
#1 Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
#2 Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	

Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>		
#3 Company		Phone (    )
Address		Supervisor
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>		

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge.  
 If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

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

**PERMISSION**

I authorize San Diego Homecare to run my background check, professional and personal references including my criminal history and driving record. I understand that this information is kept confidential and used only for employment screening purposes.

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

**AGREEMENT**

I understand that as an employee of San Diego Homecare within one year of Caregiver's introduction to a client by Agency OR one year of Caregiver's last day of work with a client assigned by Agency, should Caregiver work for such client, either independently or through another agency, Caregiver agrees to compensate Agency by paying Agency a 'one time' placement fee of \$5000.00. Any dispute arising between Agency and Caregiver concerning his agreement shall be submitted to arbitration accordance with the laws of the State of California.

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

**PLEASE ANSWER THE FOLLOWING QUESTIONS SO THAT WE MAY LEARN MORE ABOUT YOU.**

What do you like about being a CAREGIVER?

What do you dislike about being a CAREGIVER?

If San Diego Homecare hired you, what do you bring that adds value to our team?



**THE ANSWER TO IN-HOME CARE**

**San Diego Homecare INFORMATION SHEET (Please Print Clearly)**

NAME \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SEX: (please circle): FEMALE    MALE    SOCIAL SECURITY#: \_\_\_\_\_

HOME PHONE #: \_\_\_\_ (\_\_\_\_) \_\_\_\_\_

CELL PHONE #: \_\_\_\_ (\_\_\_\_) \_\_\_\_\_

BIRTH DATE (OPTIONAL): \_\_\_\_\_ Valid Drivers License: Yes / No: \_\_\_\_\_

AUTO: Yes/No: \_\_\_\_\_ YEAR: \_\_\_\_\_ MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_

VALID AUTO INSURANCE: YES / NO: \_\_\_\_\_ ARE YOU A SMOKER YES / NO: \_\_\_\_\_

**CERTIFICATIONS:** (Please Check all that apply):

Companion \_\_\_\_\_ C.N.A \_\_\_\_\_ Expiration Date: \_\_\_\_\_

C.H.H.A \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CPR \_\_\_\_\_ Expiration Date: \_\_\_\_\_

FIRST AID \_\_\_\_\_ Expiration Date: \_\_\_\_\_ OTHER \_\_\_\_\_

**Your Skills:** (Please Check all that apply to your experience)

Allergies to Pets \_\_\_\_\_  
 Smoking Patients Yes/No: \_\_\_\_\_  
 Transfer Assistance \_\_\_\_\_  
 Compassionate and Caring \_\_\_\_\_  
 Transfer Board \_\_\_\_\_  
 Bathing/Grooming \_\_\_\_\_  
 Bed Bath \_\_\_\_\_  
 Bed Patient Care \_\_\_\_\_  
 Adult Diapers \_\_\_\_\_  
 Good Attitude \_\_\_\_\_  
 Team Player \_\_\_\_\_  
 Good Communicator \_\_\_\_\_

Alzheimer's/Dementia \_\_\_\_\_  
 Parkinson's \_\_\_\_\_  
 Diabetes \_\_\_\_\_  
 Stroke \_\_\_\_\_  
 Hip Replacement \_\_\_\_\_  
 Cancer \_\_\_\_\_  
 Hospice Experience \_\_\_\_\_  
 Colostomy \_\_\_\_\_  
 On Time and Reliable \_\_\_\_\_  
 Other \_\_\_\_\_  
 Problem Solver \_\_\_\_\_  
 Am Trustworthy \_\_\_\_\_

**Work Availability: (Please Check all that Apply)**

LIVE IN 1-3 DAYS: \_\_\_\_\_ LIVE IN 4-7 DAYS: \_\_\_\_\_ HOURLY: DAYS: \_\_\_\_\_ NIGHTS: \_\_\_\_\_

WEEKENDS: \_\_\_\_\_ FULL TIME: \_\_\_\_\_ PART TIME: \_\_\_\_\_ ON CALL: \_\_\_\_\_

SCHEDULE LIMITATIONS/ DAYS YOU CANNOT WORK: \_\_\_\_\_

Pay Rate \$: \_\_\_\_\_ per hour

Live-In Rate \$ : \_\_\_\_\_ per 24 hours

**Areas Where You Would Prefer to Work: (Please circle all that apply below)**

**SAN DIEGO COUNTY:**

North County: Poway Carlsbad Escondido Rancho Santa Fe Oceanside Encinitas Del Mar Other: \_\_\_\_\_

EAST COUNTY: La Mesa El Cajon Santee Lakeside Other \_\_\_\_\_

SOUTH BAY: Chula Vista Bonita National City Otay Lake East Lake San Ysidro Other \_\_\_\_\_

**Emergency Contact**

NAME \_\_\_\_\_ HOME PHONE # \_\_\_\_\_

WORK# \_\_\_\_\_ CELL PHONE # \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

**How Did You Hear About Us?**

Ad: \_\_\_\_\_ Website: \_\_\_\_\_ Friend/Referral: \_\_\_\_\_ Hospital: \_\_\_\_\_ Yellow Pages: \_\_\_\_\_ Other: \_\_\_\_\_

**FOR OFFICE USE ONLY**

**In-Service Training**

Orientation to SDH	_____	Date: _____	Trainer: _____
Safety training	_____	Date: _____	Trainer: _____
Stroke training	_____	Date: _____	Trainer: _____
Alzheimer's training	_____	Date: _____	Trainer: _____
Introduction 101	_____	Date: _____	Trainer: _____
Introduction 201	_____	Date: _____	Trainer: _____
IN-Home Communication	_____	Date: _____	Trainer: _____
Round Circle	_____	Dates: _____	Trainer: _____

**Thank You for Choosing San Diego Homecare – You Matter to US!**

**REFERENCES FOR EMPLOYMENT *with San Diego Homecare***

- Please Fill Out 100% Accurate for Consideration of Employment with San Diego Homecare

**MUST LIST TWO (2) PROFESSIONAL REFERENCES**

**Helpful Hint: Professional References** most likely are former employers, (or current employer) someone who can verify that you worked for them, that can tell us about your work habits, the quality of your work, your character, if you are responsible, if you are trustworthy, if you keep your word, if you are someone they would want to work for them again.

EMPLOYER / Name of Company: \_\_\_\_\_

Date Employed: From \_\_\_\_\_ To: \_\_\_\_\_

Reason for Leaving Employment: \_\_\_\_\_

Name of Person that CAN Verify Employment: \_\_\_\_\_

Person's Title at this company: \_\_\_\_\_

Company Phone Number:(\_\_\_\_\_)\_\_\_\_\_

Supervisor /Manager Phone Number Directly: \_\_ (\_\_\_\_\_)\_\_\_\_\_

Accurate Email Address (if possible): \_\_\_\_\_

Starting Rate of Pay \$ \_\_\_\_\_ Ending Rate of Pay: \$ \_\_\_\_\_

Numbers of Years You have known this person? \_\_\_\_\_

What will this person say about you? \_\_\_\_\_

PROFESIONAL REFERENCE

EMPLOYER / Name of Company: \_\_\_\_\_

Date Employed: From \_\_\_\_\_ To: \_\_\_\_\_

Reason for Leaving Employment: \_\_\_\_\_

Name of Person that CAN Verify Employment: \_\_\_\_\_

Person's Title at this company: \_\_\_\_\_

Company Phone Number:\_(\_\_\_\_\_)\_\_\_\_\_

Supervisor /Manager Phone Number Directly: \_\_ (\_\_\_\_\_)\_\_\_\_\_

Accurate Email Address (if possible): \_\_\_\_\_

Starting Rate of Pay \$ \_\_\_\_\_ Ending Rate of Pay: \$ \_\_\_\_\_

Number of Years You have known this person? \_\_\_\_\_

What will this person say about you? \_\_\_\_\_

**MUST LIST TWO (2) PERSONAL REFERENCES**

**Helpful Hint: Personal References** are people that know you on a friendly basis for more than two years. They may be friends, family friends, relatives, or someone that can verify you are a responsible and trusted person. You are applying for a job working in the homecare service industry where honesty and integrity are our number one concern. These personal references know your history and can tell us about your character. What would your friends say about you?

*PERSONAL REFERENCE*

NAME OF PERSON THAT HAS KNOWN YOU: \_\_\_\_\_

HOW LONG HAVE THEY KNOWN YOU? \_\_\_\_\_

CELL PHONE NUMBER: \_\_\_\_\_

HOME NUMBER: \_\_\_\_\_

OTHER NUMBER: \_\_\_\_\_

BEST TIME TO CONTACT THEM? (Do they work days or nights?): \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

RELATIONSHIP TO YOU: \_\_\_\_\_

WHAT WOULD THIS PERSON SAY ABOUT YOU? : \_\_\_\_\_

*PERSONAL REFERENCE*

NAME OF PERSON THAT HAS KNOWN YOU: \_\_\_\_\_

HOW LONG HAVE THEY KNOWN YOU? \_\_\_\_\_

CELL PHONE NUMBER: \_\_\_\_\_

HOME NUMBER: \_\_\_\_\_

OTHER NUMBER: \_\_\_\_\_

BEST TIME TO CONTACT THEM? (Do they work days or nights?): \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

RELATIONSHIP TO YOU: \_\_\_\_\_

WHAT WOULD THIS PERSON SAY ABOUT YOU? : \_\_\_\_\_

