



Employment Application

COMPANION AIDE / CAREGIVER

APPLICANT NOTE: This application form is intended for use in evaluating your qualifications for employment with **A Caring Touch Home Care, LLC**. This is not an employment contract. Please answer all appropriate questions completely and accurately.

General Information (Please print in ink)

Since January 1, 2016 all home care agency are to inform potential employee of the state requirements. All aides are to be registered, fingerprint, and TB cleared.

Cal. Home Care Aide Registration # _____

Name: Last _____ First _____ Middle _____

Have you work under any other name? If so, please list it in the next line.

Email address _____ Home/Cell Telephone _____

Current Address: _____ Street _____

City _____ State _____ Zip Code _____

Mailing Address (If Different): _____



Are you 18 years of age or older? Yes No

Are you English Fluent: Yes No Other Languages: _____

Do you have the legal right to work in the U.S. for any employers? Yes No

Can you provide proof of Insurance and Driver's License? Yes No

Have you ever been employed here before? Yes No

If yes, when? _____

Do you have family members or friends employed at ACTHC? No

Yes – please list names: _____

TELL US ABOUT YOU:

Please tell us about any caregiving experience you have that is not included in your work history.
(Example: Caregiving for parents or volunteer work.)



Education

	Completed (Y/N)	Major	From Mo./Yr	Degree Received
High School/ Equivalent				
Additional Education				

Profession

Professional Licensure(s)/Registration(s)/Certification(s)	State	Number	Yr. Received	Date of Expiration
Professional Associations				

Employment History

Time Employed (Mo. & Yr.) From _____ To _____	Employer's Name
Job Title	Employer's Address
Position Responsibilities	
Supervisor's Name & Title	Phone No.
Reason for Leaving	
Time Employed (Mo. & Yr.) From _____ To _____	Employer's Name
Job Title	Employer's Address
Position Responsibilities	
Supervisor's Name & Title	Phone No.
Reason for Leaving	



Cal. Social Service Bureau wants all aide to provide fingerprints, please read carefully the Disclose Statement is provided of your disqualification to work with any home care agency.

Have you been convicted for any violations of the law? Yes No

Have you been convicted of a misdemeanor or felony? Yes No

DISCLOSURE STATEMENT Applicants, employees, and registrants of this organization are subject to state laws that protect the clients we work with: vulnerable adults and the elderly. You are required to sign this statement as part of our screening process, and annually thereafter as a requirement of employment.

➤ **WHAT WILL DISQUALIFY A PERSON FROM WORKING WITH VULNERABLE ADULTS?**

1. If your record shows a conviction for the following crimes, you are automatically disqualified:

Please take time to go over the **NON-EXEMPTIBLE CRIMES** on the handout.

If your record shows that you have been convicted (in any state) of a crime that is equivalent to a crime on the list above or a crime that has been renamed, you may be disqualified or terminated. If a court, state department, disciplinary board, or dependency action has found that you have abuse, neglected, exploited, or sexually abused any minor or vulnerable adult, you are automatically disqualified from employment and/or placement through this organization. If your record shows that you have been convicted of other crimes related to care of vulnerable adults or children, you may be disqualified from employment and/or placement through this organization. Have you ever been arrested or convicted of any of the crimes listed above? The State of California Social Service will notify the agency of immediate termination of employment if any of this crime appears on your criminal history.

Employee Signature

Date



I certify that the information on this application is true and complete to the best of my knowledge. I understand that any misrepresentation, willful omission, false or misleading information is grounds for rejection of this application form, refusal to hire, withdrawal of an offer of Employment, or immediate discharge whenever discovered. You are authorized to conduct investigations, including verification of prior employment history and education. I also understand that employment is dependent upon receipt of acceptable employment references and satisfactory completion of pre-employment homecare requirement. I may be randomly screen without prior notice to drug and alcohol testing if the agency suspect of unusual behavior. **ACTH** does not discriminate against any qualified person because of age, race, color, religion, sex, national origin, disability or sexual orientation. By signing this application, I acknowledge that an offer of employment at **ACTH** should not be interpreted as an offer of continued or permanent employment.

Employee Signature

Date



**A CARING TOUCH
HOME CARE**

4045 Bonita Rd Ste 207, Bonita CA, 91902 Office (619) 333-2157 Fax (619) 434-5740

REFERENCE CHECK AUTHORIZATION

I, _____ last four digits of social security #: _____
(print Name)

Have applied for employment with **A Caring Touch Home Care**. I authorize them to collect any and all information concerning my qualification and performance while associated with your company. Further, I hereby release the company or person completing this form from any and all liability supplying the requested information.

Applicant Signature _____
Date

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Fax: _____

Position/ Job Title: _____

Supervisor Name and Position: _____

Dates of employment: from: ____/____/____ To: ____/____/____

Reason for leaving: _____