

Help At Home, Inc.

Fax: 530-622-4055

Employment Application

"An Equal Opportunity Employer"

Hire date	1 st Day of work	Termination date
Interviewer	Interview date / time	Rate

All information must be filled out completely for your application to be considered.

Name Date

Home telephone Cell Phone SS#.....

Email Other phone contact

Do you have an answering machine? Yes No How did you hear about Help At Home?

Current Address

.....
No. Street City State Zip

Mailing Address, if different from current address:

.....
No. Street City State Zip

In case of emergency, contact

Name Phone

Address City, State, Zip

Doctor Phone

Employment Desired

If hired, on what date can you start work?

Are you applying for: Regular full-time work? Yes No

Regular Part-time work? Yes No

Are you available for: 24-hour shifts? Yes No

Work on weekends? Yes No

Give a brief description of your availability:

Mon Tue Wed Thu Fri Sat Sun Day hours

Mon Tue Wed Thu Fri Sat Sun Overnights Night hours

Placement Preference. Check only the areas in which you are able to provide care.

- Homemaker Companion Shopping / Appointments Personal Care Hospice Care

Indicate YES by checking all items which apply to you

Do you speak a second language? If yes, describe

Do you have a driver's license? DL # Is your car available for jobs? Yes No

Do you smoke? Yes No

CPR? Expiration date

Allergic to Smoke? Yes No

First Aid? Expiration date

Available to work in home where smoking occurs? Yes No

C.N.A. certified? Expiration date

Allergic to pets? Yes No

H.H.A. certified? Expiration date

Districts where you will work

- Cameron Park Diamond Springs Georgetown Orangevale Rescue
- Camino El Dorado Greenwood Pilot Hill Sacramento
- Carmichael El Dorado Hills Grizzly Flats Placerville Shingle Springs
- Citrus Heights Elk Grove Lotus Pollock Pines Somerset
- Coloma Folsom Mt. Aukum Rancho Cordova
- Cool Garden Valley

Personal Information

Have you ever applied to or worked for Help At Home before: Yes No If yes, when

Any friends or relatives working for Help At Home? Yes No

If yes, state name(s) and relationship

If hired, would you have a reliable means of transportation to and from work: Yes No

Are you at least 18 years old? Yes No (If under 18, hire is subject to verification that you are of minimum legal age.)

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country?
 Yes No

Are you able to perform the essential function of the job for which you are applying? (Some examples: Meal prep, light housekeeping, assist w/daily activities, personal care, dressing, laundry, change linens, accompany on errands/appointments, etc.) Yes No If no, describe the functions that cannot be performed

.....
Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? Yes No If yes, state the nature of the crime(s), when and where convicted and disposition of the case(s)
.....
.....

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Check all skills that apply to you:

Personal Care

- Adult Diaper change /
 - Incontinent care
- Bed bath
- Bed pan
- Condom Catheter application
- Dressing
- Foley Catheter care (empty only)
- Foot care / soak / massage
- Feeding Tube (G-Tube)
- Make bed Make Hospital bed
- Meds: Assist / Remind
- Mouth care Denture Care
- Oxygen
- Prescribed Exercises
- Respite Care
- Shampoo (in bed)
- Shaving (men)
- Shopping Appointments
- Shower
- Skin Care / Massage
- Turning / Repositioning
- Universal Precautions

Mobility

- Hoyer Lift transfer
- Prescribed exercises
- Range of Motion
- Transfer bed to chair/wheel chair
- Transfer bed to chair/wheel chair
- Walking w/cane
- Walking w/walker

Mobility assistance: Bedside Care Commode Shower Seat Walker Wheel chair

Homemaking

- Bed linen changes
- Make bed
- Light housekeeping
- Heavy housekeeping
- Clean kitchen
- Clean bathroom
- Vacuum & Dust
- Pet Care
- Laundry

Experience

- Alzheimer's/Dementia – Confusion, Short-term memory loss, Combativeness, Agitation
- Cancer
- Diabetes – Client-managed injections, Glucose monitoring (how?)
- Epilepsy
- Hearing impairment
- Hospice – Comfort care, Cancer, Terminal illness
- Lung Disease – O2, Emphysema
- Parkinson's – Speech problems, shuffling
- Strokes – Aphasia, generalized weakness, paralysis
- Transporting clients – Stand-by assist, wheel chair, walker
- Visual impairment

Nutrition

Can you cook? No Yes If yes: Balanced diet Veggie diet Diabetic diet Salt Free diet

Types of food you can cook:

For a nutritious **lunch**, what would you prepare:

For a nutritious **dinner**, what would you prepare: