

## Help At Home, Inc.

4535 Missouri Flat Rd. Ste. 2-H, Placerville, CA 95667

Phone (530) 622.9020 Fax (530) 622.4055

13405 Folsom Blvd., Ste. 512, Folsom, CA 95630

Phone (916) 933.9050 Fax (916) 985.6095

To All Applicants:

Thank you for your interest in **Help At Home, Inc.** Please read this entire application very carefully. It is imperative that you provide *complete* and *accurate* information.

At **Help At Home, Inc.**, it is our goal to provide high-quality assistance to older adults or those with physical or mental limitations. Our services cover all of Sacramento, Placer, and El Dorado counties. As a potential service provider, it will be your job to ensure that our clients are your number one priority. It is our agency's goal to make the best match possible between the client and the assistance provider. We are committed to reaching not only those who need help but may not realize assistance is an affordable possibility.

In order to achieve our goal, we need to maintain an accurate and current personnel file. This is the primary tool we use for ensuring that the caregivers we refer are indeed qualified, insured and healthy! Most importantly, all information is useful as we search for the perfect match between care provider and client.

Our application package includes:

### Application

- Complete all pages. **If incomplete, the application will be returned to you.**
- To process your application, you must provide us with complete:
  - Reference Names and Employment Names
  - Street Numbers and Street Names
  - City, State, and Zip Code for each
- If you choose not to answer a question, you may write "no answer"

**Reference Letter** (only signature and date required)

**Skills Checklist**

**Notification and Authorization to Obtain Information** form

Please note that our agency checks employment and personal references and performs a **criminal background check on all applicants.**

### TO COMPLETE THE PROCESS, YOU MUST PROVIDE THE FOLLOWING:

- **Current** Driver's License (clear photocopy)
- Social Security Card (clear photocopy)
- Proof of Auto Insurance – **Current** Liability Coverage (clear photocopy)
- TB test results or Chest X-ray results – performed within the last year
- Photocopy of C.N.A. and/or H.H.A. Certificate (even if expired)

By signing below, I confirm that I have read and completely understand the above application information.

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Applicant

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Date

# Help At Home, Inc.

Fax: 530-622-4055

# Employment Application

"An Equal Opportunity Employer"

Hire date .....	1 <sup>st</sup> 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: .....

# KROLL

## DISCLOSURE AND AUTHORIZATION TO OBTAIN INFORMATION

In connection with my suitability for employment with \_\_\_\_\_ (“Company”), I authorize Company to request a consumer and/or investigative consumer report on me for employment purposes from **KROLL BACKGROUND AMERICA, INC.** (“Kroll”). Such reports may include, but are not limited to, information as to my character, general reputation, personal characteristics, and mode of living; discerned through employment and education verifications; personal references and interviews; my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations; workers’ compensation records after a conditional job offer has been extended and to the extent permitted by law; a social security number trace; present and former addresses; criminal and civil history/records; and any other public record.

I authorize any person, business entity or governmental agency that may have information relevant to the above to disclose the same to Company and Kroll, including, but not limited to, any and all courts, public agencies, law enforcement agencies and credit bureaus. I authorize Company to share such information only with parties in interest who have a “need to know” such information to protect them and their employees. Kroll does not sell or otherwise provide any of the information found in its background investigations to any party other than the Company.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any consumer report of which I am the subject upon my written request to Kroll. I also understand that I may receive a written summary of my rights under 15 U.S.C. § 1681 et. seq. I agree that this authorization shall remain valid for the duration of my employment with Company. I certify that the information contained on this Authorization form is true and correct and that my application or employment may be terminated based on any false, omitted or fraudulent information.

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

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### IDENTIFYING INFORMATION FOR CONSUMER REPORTING AGENCY

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Other Names Used \_\_\_\_\_ Years Used \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street /P. O. Box      City      State      Zip Code      County      Dates

Former Address: \_\_\_\_\_  
Street /P. O. Box      City      State      Zip Code      County      Dates

Social Security Number: \_\_\_\_\_ Daytime Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Driver’s License Number: \_\_\_\_\_ State of Issuance: \_\_\_\_\_

\*Date of Birth: \_\_\_\_\_ \*Gender \_\_\_\_\_

**For CA, MN & OK Residents Only: Please provide me with a copy of my background report      YES:  NO**

For California residents: Under § 1786.22 of the California Civil Code, you may view the file maintained on you by Kroll. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by submitting a request by mail, by appearing at Kroll’s offices in person during normal business hours and on reasonable notice, or you may also receive a summary of the file by telephone after submitting a written request. Kroll has trained personnel available to explain your file to you and will provide a written explanation of any coded information. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification. Kroll is located at 100 Centerview Drive, Suite 300, Nashville, TN 37214 and may be contacted at 1 (888) 381-7866.

\*Providing year of birth and gender is strictly voluntary. This information will enable us to properly identify you in the event we find adverse information during the course of a background search.

Please note that nothing herein shall be construed as legal advice.