



CONFIDENTIAL AMERICAN ALL CARE SERVICES JOB APPLICATION FORM

Please complete the following information and return it to us, incomplete or unsigned applications will not be considered. This information will remain confidential and nothing will be divulged which is not authorized by you.

PERSONAL DATA

Application Date : _____ Photo No. _____

How did you learn about us?

- Advertisement Relative Inquiry
 Employment Agency Friend Other, please specify _____

Applicant Name: _____

Current Address: _____
First Last Middle Initial
Street City State Zip

Home Phone #: _____ Cell Phone #: _____

SSN (Voluntary): _____ Email : _____@_____.com

Previous Address (if less than 5 years at current address): _____

How many years in this address: _____
Street City State Zip

Please check the following geographical locations in which you can work:

- L.A. County Orange County Riverside Sta. Barbara San Bernardino
 San Diego Ventura Other areas please specify _____

Have you used any names or Social Security Numbers other than given: Yes No

If yes, please list other names used : _____ Other Social Security # used: _____

Have you ever worked for us before? Yes No When: _____

Do you have any family, friends, or relatives who are currently working here? Yes No

If yes, kindly list their names and your relation _____

Are you a US Citizen? Yes No If not, are you legally allowed to work here in the US? _____

Have you ever been convicted of a crime in the past seven years? Yes No

If Yes, Kindly explain. _____

Have you been live-scan fingerprinted? Yes No

Are you currently working / employed? Yes No May we contact your Employer? Yes No

If not, kindly explain _____



JOB RELATED SKILLS

Language(s) (in addition to English) _____ Sign Languages

Can you travel if a job requires it? Yes No

Are you driving? Yes No

If yes, then are you comfortable transporting patients in your vehicle if a job requires it? Yes No

Can you provide proof of good driving record and full insurance coverage? Yes No

Smoker Non-Smoker Willing to work in a smoking environment? If not, pls. explain? _____

Female Clients Male Clients Pet Allergies? Kindly specify: _____ No Animals

Can you do transfers? Yes No If yes, how much can you support? _____ lbs. If no, pls. state reason _____

Do you have any physical limitations that would prevent you from performing your duties? Yes No

If yes, please explain briefly : _____

Do you have any allergies that may affect your job performance while in a patient's home? Yes No

If yes, please explain briefly : _____

Do you have any other training, qualifications or skills which you feel make you especially suited to work with us? Yes No

If so, please explain: _____

Do you have a CPR Card? Yes No If yes, date Issued: _____

Do you have a First Aid Card? Yes No If yes, date Issued: _____

Certified Home Health Aid? Yes No If yes, C.H.H.A # _____ Exp. _____

Certified Nurse Assistant? Yes No If yes, C.N.A # _____ Exp. _____

Other Certifications Kindly Specify: _____

MEDICAL EQUIPMENT AND EXPERIENCES

NONE Dementia G-tube Nebulizer

Alzheimer Diabetes Hip Surgery Non-Ambulatory Patients

Board & Care Diaper Changing Hospice Care Oxygen Tank

BP Monitoring/Pulse/Temp Facility/Hospital Hospital Bed (Elec./Manual) Parkinson

Catheter Feeding Tube Hoyer Lift Retirement Hotel

Colostomy Care Gait Belt Hygiene/Bathing Residential/one on one

COPD Glucometer Massage/ROM Exercises "Stand-up lift" (ex: SARA lift)

Others please specify: _____ Stroke Patient



AVAILABILITY

Start Date: _____ How many hours per week are you available for work? _____

All Full time Part time Live-In Live-Out Weekends Holidays

Which shifts are you available? Days Evenings Nights Overnights Overtime

MON FRM _____ TO _____ WED FRM _____ TO _____ FRI FRM _____ TO _____ SUN FRM _____ TO _____

TUE FRM _____ TO _____ THU FRM _____ TO _____ SAT FRM _____ TO _____ FLEXIBLE _____

For live-in position for how many days are you available? 3 Days 5 Days 7 Days Others Pls. Specify: _____

What is your desired salary range? _____

I understand that the basis of my hiring is on the schedule I have provided. Should my schedule change there is no guarantee of work within my new availability

Applicant's Signature

EMPLOYMENT HISTORY (FROM MOST RECENT EMPLOYMENT)

Most Recent Employer

Are you currently working for this employer? Yes No

Company or Patient's name (if private client) and Position

ADDRESS & CITY

From : _____ to _____

DATES EMPLOYED

SUPERVISOR (or family members name and relationship if private)

PHONE NUMBER

FAX NUMBER

May we contact this employer? Yes No

If no, kindly state reason: _____

Duties: _____

Salary per (Hr/Week/Month) (Circle one please)
Beginning Salary _____ Ending Salary _____

Reason for Leaving _____

A letter of reference has been provided?



EMPLOYMENT HISTORY (FROM MOST RECENT EMPLOYMENT)

Second Most Recent Employer

Are you currently working for this employer? Yes No

Company or Patient's name (if private client) and Position

ADDRESS & CITY

From : _____ to _____

DATES EMPLOYED

SUPERVISOR (or family members name and relationship if private)

PHONE NUMBER

FAX NUMBER

May we contact this employer? Yes No

If no, kindly state reason: _____

Duties: _____

Salary per (Hr/Week/Month) (Circle one please)
Beginning Salary _____ Ending Salary _____

Reason for Leaving _____

A letter of reference has been provided?

Third Most Recent Employer

Are you currently working for this employer? Yes No

Company or Patient's name (if private client) and Position

ADDRESS & CITY

From : _____ to _____

DATES EMPLOYED

SUPERVISOR (or family members name and relationship if private)

PHONE NUMBER

FAX NUMBER

May we contact this employer? Yes No

If no, kindly state reason: _____

Duties: _____

Salary per (Hr/Week/Month) (Circle one please)
Beginning Salary _____ Ending Salary _____

Reason for Leaving _____

A letter of reference has been provided?



SKILLS CHECKLIST

Name: _____

Date: _____

Directions: Please carefully assess your strengths and select the appropriate experience level for each skill. This information will be utilized and may be shared with our client facilities.					A = Proficient (Expert) B = Experienced (Performed Independently) C = Familiar (May Require Assistance) D = No Experience				
	A	B	C	D		A	B	C	D
DOCUMENTATION					PERSONAL CARE (CONT.)				
<i>Vital Signs</i>					Swab				
Temperature – Oral					Shave				
Temperature – Rectal					Assist with dressing				
Temperature – Axillary					Other(s): list				
Temperature – Tympanic									
<i>Pulse</i>									
Radial					ELIMINATION				
Apical					Bedpan/Urinal				
Pedal					Bedside commode				
Femoral					Stoma/colostomy care				
Blood pressure					Measure and record output				
Respirations					Assist with ostomy change				
Pulse Oximeter					Empty foley catheter bag				
Height					Empty drainage bag				
<i>Weight</i>					Other(s): list				
Standing									
Bed scale									
Chair scale					SAFE TRANSFER/ACTIVITIES				
Other(s): list					<i>Range of Motion</i>				
					Active				
					Passive				
					Active assisted ROM				
PERSONAL CARE					<i>Ambulation</i>				
Bed bath					Crutches				
Sponge bath					Walker				
Tub bath					Cane				
Shower					Gait belt				
Incontinent care					Side rails				
Bathroom assistance					<i>Turning/Positioning Patient</i>				
Perineal care					Supine				
Nail care					Side Lying				
Skin care					In Chair				
Hair care					In Bed				
Oral/Denture care									



SKILLS CHECKLIST

Directions: Please carefully assess your strengths and select the appropriate experience level for each skill. This information will be utilized and may be shared with our client facilities.					A = Proficient (Expert) B = Experienced (Performed Independently) C = Familiar (May Require Assistance) D = No Experience				
	A	B	C	D		A	B	C	D
SAFE TRANSFER/ACTIVITES (CONT.)					SAFETY/EMERGENCY				
Wheelchair					Recognize, report, respond to				
Manual					Safety Hazards				
Electric					Emergencies				
Hoyer lift					Change in body function				
Assist with exercise program					Change in behavior				
Walk with assistance					Change in condition				
Other(s): list					Report mistreatment				
					Allegation of abuse				
					Incidents/injuries of any type				
NUTRITION/HYDRATION					Other(s):list				
Low salt									
Low fat									
Bland					CARE EXPERIENCE				
Mechanical soft					Stroke				
Diabetic					Cancer				
Serve meal					Hospice				
Assist with feeding					Head injuries				
Encourage fluids					Dementia/Alzheimer's				
Fluids restriction					Amputee				
Abdominal thrust (Heimlich)					Diabetic				
Other(s): list					Bedridden				
					Heart disease				
					Paraplegic/Quadriplegic				
INFECTION CONTROL					Post-Op				
Standard precautions					Oxygen therapy				
Universal precations					Infectious disease				
TB precautions					Fall risk				
Blood borne pathogens					Other(s):list				
Disposal of hazardous waste									
Other(s): list									



PRE- EMPLOYMENT TEST

NAME: _____ DATE: _____

POSITION APPLYING FOR: _____

1. Name two (2) forms of resident abuse:

- a.) _____
- b.) _____

2. Give an example of Verbal abuse:

- a.) _____

3. Give an example of Physical abuse:

- a.) _____

4. If a resident does not want to eat, you should:

- a.) Force food into his/her mouth
- b.) Encourage him/her to eat & report to a supervisor
- c.) Yell at him/her for not eating
- d.) Ignore him/her and take the food away

5. You found a resident on the floor, what should you do?

- a.) Help him/her to get comfortable
- b.) Keep him/ her calm and call help
- c.) Leave him/ her on the floor and go for help

6. True or False

- ___ To ambulate, means a resident can walk
- ___ Temperature of 100.4 is normal
- ___ A resident with diarrhea losses fluids
- ___ Is it alright to take a gratuity(money or gift) from residents
- ___ Teasing a resident can be verbal abuse
- ___ Residents should be offered fluids, even if they don't ask for them

9. What is the best prevention against infection?

10. Name 5 times you should wash your hands.

- a.) _____
- b.) _____
- c.) _____
- d.) _____
- e.) _____

11. If you discover a fire, you should:

12. Mix and Match

1. Reddened Area	a. Teeth
2. Water, Jello, Ice Cream	b. Cleanliness
3. Denture Cup	c. Fluid Intake
4. Oral Care	d. Pressure Area
5. Infection Control	e. Denture

FOR OFFICE USE ONLY:

RESULTS :

Correct Answer: _____

Total: _____

Corrected By: _____



Kindly answer the following questions below on the spaces provided :

1. What do you like most about working with seniors/elderly Individuals?

2. What do you find the least desirable about working with seniors/elderly individuals?

3. Discuss all training or experience with seniors/elderly .



EDUCATION AND REFERENCES

EDUCATION AND TRAINING				
Name of School	Location	Courses	Year Completed	Diploma, Degree or Certificate Received

(Please furnish names, addresses, & telephone numbers of three people to whom you are not related & by whom you are not employed)

REFERENCES			
Name :			
Address :			
Occupation :			
Phone No. :	Email :	Number of years acquainted:	
Name :			
Address :			
Occupation :			
Phone No. :	Email :	Number of years acquainted:	
Name :			
Address :			
Occupation :			
Phone No. :	Email :	Number of years acquainted:	

PLEASE READ CAREFULLY, INITIAL EACH PARAGRAPH AND SIGN BELOW

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for having a job and that the answers given by me are true and correct to the best of my knowledge. I further understand that any misstatement or omission of fact on this application or on any other related documents shall be grounds for rejection of this application or for immediate discharge if given a job, regardless of the time elapsed before discovery

_____ I hereby authorize the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and further, authorize the references I have listed to disclose to the company and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure

_____ I understand that nothing contained in the application, or conveyed during any interview which maybe granted or during my job tenure, if given opportunity, is intended to create employment contract between me and the company. In addition, I understand and agree that if I am given a job, this will be for no definite or determinable period and may be terminated at any time, without notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative.

Signature of Applicant : _____
 Printed Name : _____
 Date Signed : _____



REFERENCE CHECK

_____ has applied for a position at AMERICAN ALL CARE SERVICES and has listed you as a previous employer. We would appreciate if you could verify and evaluate his/her performance. All information given to us will be kept in the most strictest confidence.

- 1.) How long was the applicant employed with your company? _____
- 2.) What are the applicant's strong points? _____
- 3.) What are the applicant's weak points? _____
- 4.) What was the position applicant held? _____
- 5.) Would you rehire the applicant? _____
- 6.) Salary per hour? _____

Please rate the applicant's in the following areas:
(Check appropriate box)

_____ Name and Title Verifying Employment

CRITERIA	EXCELLENT	GOOD	POOR	COMMENTS
Attendance				
Cooperation				
Initiative				
Job Knowledge				
Productivity				
Punctuality				
Quality				
Reliability				

TO BE COMPLETED BY APPLICANT

Applicant name (print clearly) _____ Social Security Number _____

Employer Name (print clearly) Street _____ City _____ State _____ zip _____

Employer Phone Number _____ Title of Position Held _____

I hereby authorize you to disclose all and any information concerning my employment.

Employee Signature _____ Date _____