WELCOME
HomeCare

APPLICATION FOR EMPLOYMENT

Date: _____ HCA Registration Number: _____

Full Name: _____ DOB:_____
Address:_____
E-Mail: _____ Cell#:_____
Vehicle Make/Model/ Year: _____
Is it Insured? _____
Do you have a valid driver's license? _____
DL#: _____
Do you have any allergies? PETS SMOKE NUTS Others: _____
Do you work currently? _____
How soon can you start? _____
Salary Expectations: _____ per hour Last pay rate: _____

DAY/TIME AND AREA OF AVAILABILITY

Desired Shifts: 4hr shifts_____ 8hr shifts_____ 12hr shifts_____day/night 24hr/live in_____

	Sunday	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Saturday**
am							
pm							

What area do you live in? _____
Areas you are willing to work on a client with (check all that apply):

___ Novato ___ San Rafael ___ Larkspur ___ Corte Madera ___ Mill Valley
___ Tiburon ___ Sausalito ___ Ross ___ Fairfax ___ Petaluma
___ Rohnert Park ___ Santa Rosa ___Windsor ___ Calistoga ___ St. Helena

Others: _____ _____ _____

_____ _____ _____

_____ _____ _____

EDUCATION, EXPERIENCE, AND SKILLS

Highest Level of Education

School/College/University: _____

Address: _____

Year Graduated: _____

Special Training, Classes, or Licenses:

Willing to work with (Check all that apply) :

___ Women	___ Men	___ Elderly	___ MS
___ Companionship	___ Cooking	___ Housekeeping	___ Run errands
___ Drive client	___ Lifting/Transfer	___ Gait Belt	___ Hoyer lift
___ Terminally ill	___ Hospice Care	___ Dementia	___ Alzheimer's
___ Infection Prec.	___ Help w/ Exercise	___ Feeding	___ Bathing
___ Blood Pressure	___ Diabetic Patients	___ Stroke Client	___ Pet Care
___ Physical Disability	___ Diabetic Patients	___ Meal Prep	___ C Dif
___ Parkinson's	___ Bowel/Bladder Assistance		

CONTACTS

References: _____

_____

_____

Emergency Contacts: _____

_____

_____

By signing below, authorization is given to release any and all information necessary for verification of all claims and statements made herewith.

I attest that the information submitted in this application is true and correct to the best of my knowledge and I further understand that any false statement may result in denial or revocation of this certificate.

_____ _____

Print Name and Signature Date

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

COMMUNITY CARE LICENSING DIVISION
HOME CARE SERVICES BUREAU

PERSONNEL RECORD

(Form to be Completed by employee at the time of hire)

FOR HOME CARE ORGANIZATION USE ONLY
NAME OF HOME CARE ORGANIZATION
HOME CARE ORGANIZATION ADDRESS
HOME CARE ORGANIZATION NUMBER
DATE OF EMPLOYMENT
DATE OF SEPARATION

PERSONAL

NAME (LAST FIRST MIDDLE)		AREA CODE/TELEPHONE ( )
ADDRESS		DATE OF BIRTH
SOCIAL SECURITY NUMBER: (VOLUNTARY FOR ID ONLY)	DATE OF LAST TB TEST	RESULTS OF LAST TB TEST

HAVE YOU EVER BEEN EMPLOYED UNDER A DIFFERENT NAME? ☐ YES ☐ NO IF YES, PLEASE LIST ALL NAMES USED.

DO YOU POSSESS A VALID CALIFORNIA DRIVER'S LICENSE? ☐ YES ☐ NO CDL NUMBER:_____

POSITION INFORMATION

TITLE OF POSITION	TIME BASE

EMPLOYMENT

(List most recent experience first. If additional space is needed, please attach a separate page.)

NAME AND ADDRESS OF EMPLOYER	AREA CODE/ TELEPHONE	JOB TITLE AND TYPE OF WORK	REASON FOR LEAVING	DATES FROM	DATES TO
	( )				
	( )				
	( )				
	( )				
	( )				

Notes:

I hereby certify under penalty of perjury that I am 18 years of age or older and that the above statements are true and correct. I give my permission for any necessary verification.

EMPLOYEE SIGNATURE	DATE

CRIMINAL RECORD STATEMENT

State law requires that persons associated with licensed facilities or Home Care Aide Registry applicants be fingerprinted and disclose any conviction. A conviction is any plea of guilty or nolo contendere (no contest) or a verdict of guilty. The fingerprints will be used to obtain a copy of any criminal history you may have.

Have you ever been convicted of a crime in California ? ..... ☐ **YES** ☐ **NO**

You need not disclose any marijuana-related offenses covered by the marijuana reform legislation codified at Health and Safety Code sections 11361.5 and 11361.7.

Have you ever been convicted of a crime from another state, federal court, military or jurisdiction outside of U.S.? ..... ☐ **YES** ☐ **NO**

Criminal convictions from another State or Federal court are considered the same as criminal convictions in California.

If you answer YES, give details on the back of this page indicating the nature and circumstances of each crime and the date and the location in which each crime occurred.

You must disclose convictions, including reckless and drunk driving convictions even if:

1. It happened a long time ago;
2. It was only a misdemeanor;
3. You didn't have to go to court (your attorney went for you);
4. You had no jail time or the sentence was only a fine or probation;
5. You received a certificate of rehabilitation;
6. The conviction was later dismissed, set aside or the sentence was suspended.

NOTE: IF THE CRIMINAL BACKGROUND CHECK REVEALS ANY CONVICTION(S) THAT YOU DID NOT DISCLOSE ON THIS FORM, YOUR FAILURE TO DISCLOSE THE CONVICTION(S) WILL RESULT IN AN EXEMPTION DENIAL, LICENSE APPLICATION DENIAL, LICENSE REVOCATION, OR EXCLUSION FROM A LICENSED FACILITY/ORGANIZATION.

I declare under penalty of perjury under the laws of the State of California that I have read and understand the information contained in this affidavit and that my responses and any accompanying attachments are true and correct.

FACILITY/ORGANIZATION NAME		FACILITY/ORGANIZATION NUMBER	
YOUR NAME *(PRINT CLEARLY)*	YOUR ADDRESS	CITY	ZIP
SOCIAL SECURITY NUMBER *(SEE PRIVACY STATEMENT ON REVERSE SIDE)*	DATE OF BIRTH	DMV LICENSE NUMBER	
SIGNATURE		DATE	

I. Instructions to Respondents:

If you have been convicted of a crime in California, another state or in federal court, provide the following information:

(You need not disclose any marijuana-related offenses covered by the marijuana reform legislation codified at Health and Safety Code sections 11361.5 and 11361.7.)

What was the offense? _____

In which state and city did you commit the offense? _____

When did this occur? _____

Tell us what happened. (Use additional sheets of paper if needed) _____

I certify under penalty of perjury that the above information is true and correct to the best of my knowledge.

Signature _____ ***Date*** _____

II. Instructions to Licensees:

If the person discloses a criminal conviction, review the person's statement and discuss it with your Licensing Program Analyst (LPA). Maintain this form in your facility/organization personnel file and send a copy to your LPA.

PRIVACY STATEMENT

Pursuant to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1977 (Civil Code section 1798 et seq.), notice is given for the request of the Social Security Number (SSN) on this form. The California Department of Justice uses a person's SSN as an identifying number. The requested SSN is voluntary. Failure to provide the SSN may delay the processing of this form and the criminal record check.

In order to be licensed, work at, or be present at, a licensed facility/organization, the law requires that you complete a criminal background check. (Health and Safety Code sections 1522, 1568.09, 1569.17, 1596.871, and 1796.19). The Department will create a file concerning your criminal background check that will contain certain documents, including information that you provide. You have the right to access certain records containing your personal information maintained by the Department (Civil Code section 1798 et seq.). Under the California Public Records Act, the Department may have to provide copies of some of the records in the file to members of the public who ask for them, including newspaper and television reporters.

NOTE: IMPORTANT INFORMATION
The Department is required to tell people who ask, including the press, if someone in a licensed facility/organization has a criminal record exemption. The Department must also tell people who ask, the name of a licensed facility/organization that has a licensee, employee, resident, or other person with a criminal record exemption.

If you have any questions about this form, please contact your local licensing regional office.