



8893 La Mesa Blvd., Suite B, La Mesa, CA 91942 | Office Hours: 9-5 Monday-Friday
Tel. #: (619) 466-6890 After Hours #: (619) 957-9196

RELEASE AUTHORIZATION

As part of its employment screening and procedures, Assertive Homecare Services requires a background and reference check for employees. The objective of the investigation is to verify the accuracy of the information provided through the application process, check references and identify other factors that might be relevant to Assertive Care at Home’s employment requirement.

Prior to being hire, if hired, and during your employment, we may obtain a consumer report and/or an investigative consumer report about you for employment purposes. This report may include, but is not limited to: DMV, current and former references, criminal conviction records, information regarding your character, experience, work habits, previous job performance and the reasons for termination at previous places of employment.

As part of our hiring practices, all employees will also have to be T.B. screened, FBI/DOJ live scanned and registered on the Home Care Aide Registry website. All employees will also have to be a mandated reporter, which reports all forms of abuse according to: Welfare and institution code (15630-15630.63), Health and safety codes (1796.42-45).

By you signing below, you hereby authorize us to obtain a consumer report and/or an investigative consumer report about you for employment purposes and authorize all corporations, former employers, credit agencies, military services and persons to release all information that they may have about you.

I further release and hold harmless Assertive Homecare Services, its officers, employees, and agents, and any other person, or public entity enquiring about, investigating, furnishing, communicating, reviewing or evaluating information or documents pursuant to this request. Authorization, consent and release, whether the original or photocopied form, shall be valid for one year from the date indicated next to my signature.

Full Name: _____
Last First Middle

Address: _____

City State Zip Code

Social Security Number Date of Birth

Signature Date

EMPLOYMENT APPLICATION

Date: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home: (____) _____ Mobile: (____) _____

CHECK YOUR ANSWER.

IF HIRED, CAN YOU PROVIDE PROOF THAT YOU ARE EITHER A UNITED STATES CITIZEN OR OTHER AUTHORIZATION FOR EMPLOYMENT BY THE IMMIGRATION & NATURALIZATION SERVICES? () YES () NO

DO YOU HAVE ANY PHYSICAL, MEDICAL OR PSYCHOLOGICAL LIMITATIONS THAT WOULD MAKE YOU UNABLE TO PERFORM ANY OF THE DUTIES OF THE POSITION(S) APPLIED FOR WHICH MAY CAUSE YOU TO ENDANGER THE HEALTH OR SAFETY OF YOU OR OTHERS? () YES () NO

If yes, please attach a sheet with explanation.

A record of suspended license does not disqualify you for employment consideration.

PLEASE LIST ALL LICENSES/CERTIFICATIONS YOU HAVE

STATE	LIC./CERT. NO.	EXP. DATE	NAME OF LICENSE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EMPLOYMENT HISTORY

BEGIN WITH MOST RECENT/PRESENT EMPLOYER.

Company: _____ Date of Employment: _____
Company Address: _____
Title: _____ Supervisor: _____ Contact #: _____
Reason for leaving: _____ Salary upon leaving: _____
Remarks (office use): _____

Company: _____ Date of Employment: _____
Company Address: _____
Title: _____ Supervisor: _____ Contact #: _____
Reason for leaving: _____ Salary upon leaving: _____
Remarks (office use): _____

Company: _____ Date of Employment: _____
Company Address: _____
Title: _____ Supervisor: _____ Contact #: _____
Reason for leaving: _____ Salary upon leaving: _____
Remarks (office use): _____

PLEASE NOTE: By listing the above as previous/present employers, you have given Assertive Care at Home the right to contact and elicit employment information from them. The information obtained through these inquiries is confidential. Employment decisions will not be based solely upon this information.

EDUCATION

Please circle the last year attended:

1 2 3 4 5 6 7 8 9 10 11 12

College: _____ Degree: _____

Year Graduated: _____ Dates of Attendance: _____

Foreign Languages

Language: _____

Speak: _____ Read: _____ Write: _____

Technical or other formal training:

Name of School/Program & degree/certificate received

Name of colleges/institutions attended:

PERSONAL REFERENCES

NAME: _____

ADDRESS: _____

TELEPHONE: _____

YEARS KNOWN: _____

RELATIONSHIP: _____

NAME: _____

ADDRESS: _____

TELEPHONE: _____

YEARS KNOWN: _____

RELATIONSHIP: _____

NAME: _____

ADDRESS: _____

TELEPHONE: _____

YEARS KNOWN: _____

RELATIONSHIP: _____

ALL SPACES MUST BE COMPLETED.

MORE ABOUT YOU

Where did you hear about Assertive Homecare Services? _____

What is your means of transportation? ____ Car ____ Ride Sharing ____ Public Transport

How many years or months of HOME CARE or related experience do you have? _____

What type/s of shifts are you applying for? ____ Hourly ____ Live-in ____ 12-hour shifts

Do you can withstand periodic contact with cats or dogs? ____ Yes ____ No

Are you a cigarette smoker? ____ Yes ____ No

If you are currently employed, can we contact your employer? ____ Yes ____ No

Please fill out the Employment Verification Form if we can contact your employer.

Do you understand that elderly people need care every single day, including weekends and holidays? ____ Yes ____ No

Is there anything you would like to tell us?

Thank you for providing us more information.



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EMPLOYMENT VERIFICATION

NAME OF EMPLOYER: _____

CONTACT PERSON: _____

POSITION TITLE: _____

ADDRESS: _____

PHONE NUMBER: _____

_____, has applied with Assertive Homecare Services and has given you as professional reference. We would sincerely appreciate it if you would take a few minutes to complete this form. Please be assured that any and all information that you provide us will be strictly confidential. We appreciate your time and your participation in this matter.

Starting Rate: _____ Ending Rate: _____

Comments: _____

Would you rehire this applicant? ___Yes ___No Signature: _____ Date: _____

This portion to be filled-out by applicant. I, _____ Authorize the information above to be given to Assertive Homecare Services. I also give Assertive Homecare Services the right to investigate my past employment. Signature: _____ Date: _____

Please rate the employee on a scale of 1 to 3.	
1 = Needs Improvement	
2 = Average	
3 = Excellent	
Reliability	_____
Attendance	_____
Punctuality	_____
Communication	_____
Teamwork	_____
Attitude	_____
Adaptability	_____
Clinical Knowledge	_____
Clinical Skills	_____