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|  |   **Partners In Home Care, LLC** *San Diego, Ca. 92127****Phone: (858)261-4639info@partnersihc.com***  |

Thank you for your interest in *Partners In Home Care*.

*Partners In Home Care* provides experienced, compassionate care to clients and their families looking for reliable, trustworthy Caregivers. We receive many inquiries each day from people who are interested in qualifying to be on our first-rate care provider team.

To be considered as a team member with *Partners In Home Care*, the following must be met:

1. Minimum 1+ years of experience providing care within the industry.
2. A dependable vehicle properly insured.
3. Valid *State* driver’s license.
4. You must be trustworthy and dependable.

In addition to meeting the above criteria, the following documentation will be required:

1. Recent copy of your driver’s license report (within last 6 months).
2. Copy of recent TB (Tuberculosis) screening (within last 6 months).
3. Background check completed.
4. Any certifications or degrees you may have earned.
5. Minimum of 3 verifiable professional references.

If you can meet all of the above, then completely read and fill out the enclosed Application.

When you have completed the application, please email to info@partnersihc.com

Thank you for your interest.

Sincerely,

*Partners In Home Care, LLC*

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|  | Caregiver Employment Application  |

By filling out this application and questionnaire, you are applying for employment with *Partners In Home Care, LLC*. This company is dedicated to a policy of non-discrimination of applicants on any basis including race, color, age, sex, religion, disability, medical condition, national origin, or marital status.

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| Your Full Name       | Date      |
| Street Address       | City       | State       | Zip       |
| Home Phone       | Cell Phone      | Tax ID / SSN #        | Do you smoke? [ ]  yes [ ]  no |
| Date of Birth (Optional)      | Ethnicity (Optional)       | How did you hear about us:       |

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| Alternate Contact |
| Name      | Phone      |
| Address      | Relationship      |

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|  Are you currently employed / provide Care to others? If Yes, Explain. [ ]  Yes [ ]  No  | Explain:        |
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| Have you ever been convicted of a misdemeanor/felony? If Yes, provide details[ ]  yes [ ]  no Details:       |

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| Transportation Most clients require transportation, often using the Care Provider’s vehicle: |
| Do you have dependable transportation? [ ]  yes [ ]  no | Make and model car      |
| License plate #      | Driver license #      | Auto insurance policy #      |
| Insurance company      | Insurance agent name      | Insurance agent phone      |

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| Availability |
| Appx. hours per week available:       | Days/Times you **are** available       | Days & times **not** available       | Can you be called at the last minute in case of emergency?[ ]  yes [ ]  no |
| Select the areas that you will accept work:**[ ]** City 1 **[ ]** City 2 **[ ]** City 3 **[ ]** City 4 **[ ]** City 5 |

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| What Education Qualifies You To Work As a Caregiver?  |
| High school      | City/State      | Dates      |
| College      | City/State      | Dates      |
| Other      | City/State      | Dates      |
| Degrees/certificates – All Degrees / Certificates must be presented copy. All will be verified with provider/issuer.      |
| Special skills or courses – Any skills that assist in making you qualified as a professional Care Provider.      |

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| What is Your Past Experience? |
| Discuss any training or experience working with the elderly. How are you trained and/or experienced in working with the elderly?      |
| What do *YOU* do that shows and proves you’re Reliable, Trustworthy and Honest?      |
| What would you like least about working with the elderly?      |

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| SkillsPlease indicate which of the following skills you are prepared to provide if referred to seniors / families:  |
| Companion Care & Safety | [ ]  yes [ ]  no |  | Medication reminders | [ ]  yes [ ]  no |  | Oral Care | [ ]  yes [ ]  no |
| Alzheimer’s | [ ]  yes [ ]  no | Transportation | [ ]  yes [ ]  no | Shaving Assistance | [ ]  yes [ ]  no |
| Dementia | [ ]  yes [ ]  no | Bathing (Reg., bed, sponge) | [ ]  yes [ ]  no | Assist w / P.T. Exercises | [ ]  yes [ ]  no |
| Meal Prep / Clean Up | [ ]  yes [ ]  no | Dressing/ Grooming | [ ]  yes [ ]  no | Assist w/ Prosthesis  | [ ]  yes [ ]  no |
| Feeding | [ ]  yes [ ]  no | Incontinence | [ ]  yes [ ]  no | Hospice | [ ]  yes [ ]  no |
| Light Housekeeping | [ ]  yes [ ]  no |  | Ambulation | [ ]  yes [ ]  no |  | Willing to Work w/Pets | [ ]  yes [ ]  no |
| Laundry | [ ]  yes [ ]  no |  | Transfer assist | [ ]  yes [ ]  no |  | Speak fluent English | [ ]  yes [ ]  no |

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| Work HistoryPlease provide at least five years of recent, verifiable work history followed by verifiable references.  |
| Company      | From      | To      |
| Job title      | Reason left      |
| Duties      |
| Supervisor      | Phone      |
| Company      | From      | To      |
| Job title      | Reason left      |
| Duties      |
| Supervisor      | Phone      |
| Company      | From      | To      |
| Job title      | Reason left      |
| Duties      |
| Supervisor      | Phone      |

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| **Why Do You Feel You Would Be An Excellent Addition to Our Team?**       |

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| Business | Professional References |
| Name      | Address      | Relationship/Years Known      | Local Phone #      |
| Name      | Address      | Relationship/Years Known      | Local Phone #      |
| Name      | Address      | Relationship/Years Known      | Local Phone #      |

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| **CERTIFICATION AND RELEASE:** I certify that I have read and understand the general requirements of Independent Care Contractors/Providers on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I completely understand that I am submitting this Application as an interested Care Provider and that by submitting this there is no guarantee for employment. I understand that any false information, omissions, or misrepresentation of facts called for in this application may result in rejection of my application. I authorize the company and/or its agents, including consumer reporting bureaus, to verify any information including, but not limited to, work, criminal, and motor vehicle driving records. I authorize all persons, schools, companies, and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies, and law enforcement authorities from any liability for any damage whatsoever for issuing this information.  |
| Signature      | Date      |

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| **For Office Use Only** – *Interview/Comments/Reference Check /Notes*      |