AgingAssistant

EXPERIENCED.TRUSTWORTHY.RELIABLE

916.669.9430 | 9578 2nd Ave. Elk Grove, CA 95624

APPLICATION FOR EMPLOYMENT

Date Of Application:_____

NAME:Last_____ First_____ MI_____

ADDRESS:Street_____ City_____ Zip_____

Birth Date: (MM/DD/Year)_____ EMAIL:_____

CELL PHONE:_____ HOME PHONE:_____

EMPLOYEE EMERGENCY CONTACT INFORMATION

NAME ADDRESS	RELATIONSHIP TO EMPLOYEE PHONE NO.

EDUCATION, TRAININGS & CERTIFICATES

HIGH SCHOOL:_____

COLLEGE/UNIVERSITY:_____

Please list any certifications you hold :_____

_____

SKILLS: Please indicate whether you have assisted with or performed the following tasks for seniors.

Companion Care & Safety	☐ Yes	☐ No	Alzheimer's	☐ Yes	☐ No
Dementia	☐ Yes	☐ No	Bathing/ Showering	☐ Yes	☐ No
Meal Prep/ Cooking / Clean up	☐ Yes	☐ No	Dressing / Grooming	☐ Yes	☐ No
Feeding	☐ Yes	☐ No	Incontinence	☐ Yes	☐ No
Light Housekeeping	☐ Yes	☐ No	Ambulation / walking about	☐ Yes	☐ No
Medication reminders	☐ Yes	☐ No	Transfer Assistance	☐ Yes	☐ No
Assist with P.T. exercise	☐ Yes	☐ No	Oral Care	☐ Yes	☐ No
Hospice Care	☐ Yes	☐ No	Shaving Assistance	☐ Yes	☐ No
Transportation	☐ Yes	☐ No	Bed Bath	☐ Yes	☐ No

Do you have any physical limitations that you know of which may prevent you from assisting a client in any way? O Yes O No

Which transfer methods do you have training and experience using?

O Basic transferring (i.e. *bed to chair, chair to stand*)
O Hoyer lift
O Wheelchair use including transferring from/to wheelchair
O Helping client in and out of car
O Transfer belts and boards

AVAILABILITY	
	LIST TIME OF AVAILABILITY
MONDAY	
TUESDAY	
WEDNESDAY	
THURSDAY	
FRIDAY	
SATURDAY	
SUNDAY	
State the areas/Towns you are willing to work_____ How many miles are you willing to drive for work?_____	
CAN YOU BE CALLED AT THE LAST MINUTE IN CASE OF EMERGENCY? O YES O NO	

EMPLOYMENT HISTORY (Begin w/ current position) **MAY WE CONTACT YOUR CURRENT EMPLOYER? ___YES ___ NO**

FROM_____**TO**_____ **POSITION**_____ **SALARY**_____

COMPANY PHONE

ADDRESS

JOB DUTIES

REASON FOR LEAVING

FROM_____**TO**_____ **POSITION**_____ **SALARY**_____

COMPANY PHONE

ADDRESS

JOB DUTIES

REASON FOR LEAVING

FROM_____**TO**_____ **POSITION**_____ **SALARY**_____

COMPANY PHONE

ADDRESS

JOB DUTIES

REASON FOR LEAVING

FROM WHAT SOURCE DID YOU FIND OUT ABOUT AGING ASSISTANT?

PROFESSIONAL REFERENCES (Please list 3 persons, not related to you)

NAME / No. of Years acquainted	POSITION	TELEPHONE

CERTIFICATION AND RELEASE

I certify 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 understand that any false information, omissions or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize Aging Assistant, and/or its agents, including consumer-reporting bureaus, to verify any information including, but not limited to, criminal history or motor vehicle driving records. I authorize all persons, schools, companies, and law enforcement authorities to release information concerning my background and hereby release any said persons, schools, companies, and law enforcement authorities for any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If the policies of Aging Assistant require, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

NAME & SIGNATURE **DATE**

We will be in touch with you shortly after we receive your completed application. You can submit the application to us by the following methods:

1. **Mail**: 9578 2nd Ave. Elk Grove, CA 95624
2. **Email**: jobs@agingassistant.com
3. **Fax Toll Free**: 1-888-226-6320
4. **In person:** by appointment at 9578 2nd Ave Elk grove CA

For office use only- Interviewer Comments: