

Please Read Before Completing Application

Application Process for HomeAide Home Care, Inc.

HomeAide Home Care, Inc. is always looking for individuals to join our team. We are looking for experienced, caring aides who can meet or minimum requirements. The requirements are as follows:

-At least two years of care giving experience.

-Three verifiable employment references. We want relevant past employer's not family members, not friends. We also need reliable contact info, please make sure the contact numbers work before submitting your application otherwise your application will not be processed.

-Open availability is a must. We service our clients as little as a single hour and as many as 24 hours in a day. We need employees who are flexible and open to all shifts AM and PM.

-Reliable transportation and ability to travel is also required. A clean DMV record and valid driver's license is needed for all hourly and live-in positions. Our company services the whole of Alameda County. So, please be available to travel to all locations within.

-If you are offered employment you must clear a felony background check and pass a TB test in order to finish the employment process.

We are committed to provide our clients with the best services possible and need employees to possess a strong work ethic. We are only looking for individuals who are trustworthy and reliable. We only want serious caregivers who can provide skilled, compassionate care to our clients.

Submit Applications:

Once an application is complete please submit it to HomeAide Home Care, Inc. in one of the following ways:

In person: 1544 B Street #7 Hayward CA 94541 between the hours of 10am – 2pm Monday through Friday.

Fax: 510-247-1240 Attn: HR

Email: hr@homeaidehomecare.com

If you have any further questions please contact us at 510-247-0498

APPLICATION FOR EMPLOYMENT

All applicants are considered for all positions without regard to race, color, creed, religion, sex, national origin, citizenship status, ancestry, age, marital status, veteran status, physical or mental disability, pregnancy, medical condition, sexual orientation, or any other legally protected status. By completing this application, you are seeking to join a team of hardworking professionals dedicated to consistently delivering outstanding service to our customers and contributing to the financial success of the company, its clients, and its employees. Equal access to programs, services and employment is available to all qualified persons. Those applicants requiring accommodation to complete the application and/or interview process should contact a management representative.

(PLEASE PRINT)

Position(s) applied for: _____ Date of application: _____

 Last Name First Name Middle Name

 Address City State Zip Code

 E-mail Address Nickname

 Telephone Number(s)

EMPLOYMENT EXPERIENCE

Please list the names of your present or previous employers in chronological order with present or last employer listed first. Be sure to account for all periods of time including military service and any period of unemployment. If self-employed, give firm name and supply business references. [Add additional page if necessary]

Name and Address of Employer	Dates Employed		Supervisor and Telephone Number	Job Title and Duties	Reason for Leaving
	From Month/Year	To Month/Year			
	Pay Rate		May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Starting	Final			
Name and Address of Employer	Dates Employed		Supervisor and Telephone Number	Job Title and Duties	Reason for Leaving
	From Month/Year	To Month/Year			
	Pay Rate		May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Starting	Final			
Name and Address of Employer	Dates Employed		Supervisor and Telephone Number	Job Title and Duties	Reason for Leaving
	From Month/Year	To Month/Year			
	Pay Rate		May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Starting	Final			

Have you ever been involuntarily terminated or asked to resign from any job?..... Yes No

If yes, please explain: _____

Please explain any gaps in your employment history: _____

Please list any other experience, job related skills, additional languages, or other qualifications that you believe should be considered in evaluating your qualifications for employment.

EDUCATION

Please describe your educational background in the table provided below.

School Name	Years Completed	Diploma/Degree (Yes or No)	Describe Course of Study or Major	Describe Specialized Training, Experience, Skills and Extra-Curricular Activities
High School:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 9 10 11 12			
College/University:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4			
Graduate/Professional:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4			
Trade or Correspondence:				
Other:				

BUSINESS/PROFESSIONAL REFERENCES

Please list three professional references of individuals who are **not** related to you.

Name & Title	Business Relationship	Telephone Number or Email

CO-WORKER REFERENCES

Please list three people you have worked with who know you well; do not include personal friends or relatives.

Name	Occupation	Relationship (Example: Worked together at ABC Company for 3 years)	Years Acquainted	Telephone Number

GENERAL INFORMATION

- 1. Have you ever used another name? Yes No
- 2. Is any additional information relative to name changes, use of an assumed name, or nickname necessary to enable a check on your work and educational record? Yes No

If yes to either of the above, please explain: _____

- 3. Have you ever worked for this company before?..... Yes No

If yes, please give dates and position: _____

- 4. Do you have friends and/or relatives working for this company? Yes No

If yes, name(s) and relationship(s): _____

- 5. On what date are you available to begin work? _____

- 6. Days/Hours available to work: _____

- 7. Are you available to work?..... Full-time..... Part-time

- 8. Minimum salary required?.....Per Hour \$ _____ Per Month \$ _____

- 9. If hired, would you have a reliable means of transportation to and from work? Yes No

- 10. Can you travel if the position requires it? Yes No

- 11. Are you at least 18 years old? Yes No

Note: If under 18, hire is subject to verification that you are of minimum legal age.

- 12. If hired, can you present evidence of your identity and legal right to live and work in this country? Yes No

- 13. Are you able to perform the essential job functions of the job for which you are applying with or without reasonable accommodation?..... Yes No

Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for qualified applicants/employees to perform essential job functions.

- 14. Have you ever pled guilty or "no contest" to, or been convicted of, a misdemeanor or felony?..... Yes No

If yes, please give the date(s) and details:

- 15. Have you been arrested for any matters for which you are out on bail or on your own recognizance pending trial? Yes No

If yes, please give the date(s) and details:

Note: Answering "Yes" to questions 15 or 16 does not constitute an automatic bar to employment. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account. Do not include minor traffic infractions, any convictions for which the record has been sealed or expunged, any conviction for which the conviction has been judicially dismissed, referrals to and participation in any pretrial or post trial diversion programs, and misdemeanor marijuana-related offenses that occurred over two years ago in answering these questions.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

APPLICANT STATEMENT AND AGREEMENT

Please read and initial each paragraph below. If there is anything that you do not understand, please ask.

_____ 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 prior employers and references I have listed to disclose to the Company any 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.

_____ In the event of my employment with the Company, I understand that I am required to comply with all rules and regulations of the Company. I understand that the Company reserves the right to require me to submit to a test for the presence of drugs or alcohol in my system prior to employment and at any time during my employment, to the extent permitted by law. I voluntarily submit to the drug and/or alcohol screening and understand that the presence of drugs or alcohol in my system may disqualify me from further consideration of employment with this company, or may result in termination of my employment with the company.

_____ I understand that any offer of employment may be contingent upon the passing of a physical examination. I consent to the disclosure of the results of the physical examination and related tests to the Company. I understand that should I decline to sign this consent or take any of the above tests, my application for employment may be rejected. I understand that bonding may be a condition of hire. If it is, I will be so advised either before or after hiring and a bond application will have to be completed.

_____ I understand that I may be required to take other tests such as personality and honesty tests, prior to and during my employment. I understand that should I decline to sign this consent or take any of the above tests, my application for employment may be rejected or my employment may be terminated.

_____ If hired, I understand and agree that my employment with the Company is at-will, and that neither I, nor the Company is committed to continuing the employment relationship for any specific term. I further understand that the Company or I may terminate the employment relationship at any time, with or without cause, and with or without notice. I understand that the at-will status of my employment cannot be amended, modified, or altered in any way by oral statements or in any other way, but can only be altered by written amendment signed by the Owner/President of this Company.

_____ I understand that safety of employees is extremely important to the Company and that the Company is committed to ensuring a safe working environment. I understand that I, and every employee, have a responsibility to prevent accidents and injuries by observing all safety procedures and guidelines and following the directions of my site supervisor. I understand and agree to comply with federal, state, and local regulations related to on-the-job safety and health. I also recognize that an effective safety program extends beyond normal working hours. Safety should be promoted within the family and in off-the-job activities. I understand and agree to adhere to safety practices while performing my job. A copy of the Injury and Illness Prevention Plan will be provided to me upon my request.

_____ I understand that any offer of employment is contingent upon agreement to and signing of the Company's Arbitration Agreement, a copy of which is provided in this packet for my review.

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I understand that if I am selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration laws require me to complete an I-9 Form in this regard.

_____ I understand that if any term, provision, or portion of this Agreement is declared void or unenforceable, it shall be severed and the remainder of this Agreement shall be enforceable.

MY SIGNATURE BELOW ATTESTS TO THE FACT THAT I HAVE READ, UNDERSTAND, AND AGREE TO BE LEGALLY BOUND TO ALL OF THE ABOVE TERMS.

Signature: _____

Date: _____

Printed Name: _____

City/State: _____

SUMMARY OF RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.
 In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.
- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer-reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer-reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer-reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer-reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.
- **States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:**

TYPE OF BUSINESS:	PLEASE CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word “National” or initials “N.A.” appear in or after bank’s name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word “Federal” or initials “F.S.B.” appear in federal institution’s name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words “Federal Credit Union” appear in institution’s name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator- GIPSA Washington, DC 20250 202-720-7051

Travel Information

I _____, understand that HomeAide Home Care, Inc. only offers **temporary** full and part time employment located in Alameda & Contra Costa Counties.

Cities Willing to Travel to: _____

Cities NOT Willing to Travel to: _____

What **days/times** are you available?

Hourly _____ **Live-In** _____ **Nights** _____ **Relief** _____ **Short Hours** _____

Mon Y or N **Hours** _____

Tue Y or N **Hours** _____

Wed Y or N **Hours** _____

Thurs Y or N **Hours** _____

Fri Y or N **Hours** _____

Sat Y or N **Hours** _____

Sun Y or N **Hours** _____

Signature _____ Date _____

Motor Vehicle Record Release Authorization

To: Home Aide Home Care, Inc.

It is understood that my job position requires (or may require) me to either drive a company owned vehicle or my own vehicle on company business.

I understand the insurance company writing my employer's automobile insurance requires a copy of my current driving record to assess my insurability. I also understand that I have the right to see a copy of my Motor Vehicle Record (MVR) upon request.

By this letter, I hereby authorize my employer's insurance company and/or its agent Heffernan Insurance Brokers to obtain the necessary MVR and to send a copy of my MVR to my employer. This authorization will be valid until such time I leave my employer.

Please print your full name:

Last Name

First Name

Middle Name

Driver's License Number

Driver's License State

Date of Birth

Signature

Date