CAREGIVERS USA, INC.
Trust, Love, & Care

## PERSONAL FILE REQUIREMENTS

| Name: | | Application Date: |
|---|---|---|
| Cell Phone: | Home Phone: | Email: |

1. ☐ **APPLICATION FORM / RESUME**
2. ☐ **COPY OF LICENSE AND / OR CERTIFICATE (C.N.A / H.H.A)**
3. ☐ **COPY OF DRIVERS LICENSE / CALIFORNIA I.D / PASSPORT**
4. ☐ **COPY OF AUTO INSURANCE**
5. ☐ **COPY OF S.S.CARD**
6. ☐ **COPY OF FIRST AID AND C.P.R CARD**
7. ☐ **FINGERPRINT CLEARANCE**
8. ☐ **PHYSICAL EXAM WITH T.B TEST**

LIVE IN: ☐ YES ☐ NO

HOURLY: ☐ YES ☐ NO

NOTES:_____

_____

**ATTENTION APPLICANT:**

- IT IS A MUST FOR ALL APPLICANTS TO COMPLETE THEIR RESPECTIVE REQUIREMENTS IN ORDER TO BE GIVEN A CASE.
- FOR THE C.P.R & FIRST AID WE HAVE AN IN-SERVICE (SCHEDULE WILL BE ANNOUNCED)
- LIVE SCAN (FINGERPRINT) WILL BE UNDER CAREGIVERS USA, INC.
- THE APPLICATION FOR EMPLOYMENT SHALL BE CONSIDERED ACTIVE FOR A PERIOD OF TIME NOT TO EXCEED 45 DAYS

REMARKS:

_____

_____

_____

_____

**Interviewed Date** :_____

**Interviewed By** :_____

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# JOB APPLICATION FORM

Please complete the following information and return it to us, incomplete or unsigned application will not be considered. This information will remain confidential and nothing will be divulged (revealed) which is not authorized by you.

## PERSONAL DATA

| How did you hear about us? | | Application Date: |
|---|---|---|
| Applicant First Name | Applicant Last Name | Applicants Middle Initial |

Current address:_____
Street City State Zip

Date of Birth: _____ Height:_____ Weight:_____

Home Phone: _____ Cell Phone:_____ Email:_____

SSN:_____ Driver's License#:_____ California ID#:_____

Previous Address (*if less than 5 years at current address*):_____
Street City State Zip

How many years at the previous address:_____

Please check the following Geographical locations in which you can work:

☐ L.A. County ☐ Orange County ☐Riverside ☐Sa. Barbara ☐ San Bernardino
☐ San Diego ☐ Ventura ☐Other areas please specify_____

Have you used any names or Social Security Numbers other than given:_____

If Yes, Please list other Names used:_____ Other Social Security # Used:_____

Have you ever worked for this company? ☐ Yes ☐ No When:_____

Do you have any friends or relatives that are working for Caregivers USA? ☐ Yes ☐ No
If Yes, Kindly list their names and your relation_____

Are you a U.S. Citizen? ☐ Yes ☐ No If not are you legally allowed to work here in the U.S.?_____

Have you ever been convicted of a crime in the past seven years (felony or serious misdemeanor)? ☐ Yes ☐ No

(NOTE: Convictions for Marijuana-related Offenses that are More than Two Years Old Need Not Be Listed.)

If Yes, Kindly explain:_____

(Note: No Applicant Will Be Denied Employment Solely on the Grounds of Conviction of a Criminal Offense. The Nature of the Offense, Date of the Offense, the Surrounding Circumstances, and the Relevance of the Offense to the Position(s) Applied for May, However, Be Considered.)

Have you been live-scan fingerprinted? ☐ Yes ☐ No

Are you currently working / employed? ☐ Yes ☐ No May we contact your Employer? ☐ Yes ☐ No
If not kindly explain:_____

Remarks:

_____

_____

_____

_____

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## AVAILABILITY

Start Date:_____ | How many hours per week are you available for work?_____

What are you looking for? ☐ All ☐ Full time ☐ Part time ☐ Live-In ☐ Live-Out ☐ Weekends ☐ Weekends ☐ Holidays

For Which shifts are you available? ☐ Days ☐ Evenings ☐ Nights ☐ Overnights ☐ Overtime

MON [FRM _____ TO _____ ] TUES [FRM _____ TO _____ ] WED [FRM _____ TO _____ ] THURS [FRM _____ TO _____ ]
FRI [ FRM _____ TO _____ ] SAT [FRM _____ TO _____ ] SUN [FRM _____ TO _____ ] FLEXIBLE _____

For live-in position for how many days are you available? ☐ 3 days ☐ 5 days ☐ 7 days Other please specify:_____

**I understand that the basis of my hiring is on the schedule I have provided. Should my schedule change there is no guarantee of work within my new availability**

_____
Applicant's Signature

## EMPLOYMENT HISTORY (FROM MOST RECENT EMPLOYMENT)

**Most Recent Employer** Are you currently working for this employer? ☐ Yes ☐ No

_____ _____
Company or Patient's name if private client ADDRESS & CITY

From : _____ to _____ _____
DATES EMPLOYED SUPERVISOR *(or family members name and relationship if private)*

_____ _____
PHONE NUMBER FAX NUMBER

May we contact this employer? ☐ Yes ☐ No If no, kindly state reason:_____

Duties:_____

_____

_____

Salary per (Hr/Week/Month)_____ Reason for leaving_____
***(Circle one please)***

☐ Has a letter of reference been provided?

## EMPLOYMENT HISTORY (FROM MOST RECENT EMPLOYMENT)

**Second Most Recent Employer**

Are you currently working for this employer? ☐ Yes ☐ No

_____ _____
Company or Patient's name if private client ADDRESS & CITY

From : _____ to _____ _____
DATES EMPLOYED SUPERVISOR *(or family members name and relationship if private)*

_____ _____
PHONE NUMBER FAX NUMBER

May we contact this employer? ☐ Yes ☐ No If no, kindly state reason:_____

Duties:_____

_____

_____

Salary per (Hr/Week/Month)_____ Reason for leaving_____
***(Circle one please)***

☐ Has a letter of reference been provided?

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**Third Most Recent Employer**

Are you currently working for this employer? ☐ Yes ☐ No

_____ _____
Company or Patient's name if private client ADDRESS & CITY

From : _____ to _____ _____
DATES EMPLOYED SUPERVISOR *(or family members name and relationship if private)*

_____ _____
PHONE NUMBER FAX NUMBER

May we contact this employer? ☐ Yes ☐ No If no, kindly state reason:_____

Duties:_____

_____

_____

Salary per (Hr/Week/Month)_____ Reason for leaving_____
***(Circle one please)***

☐ Has a letter of reference been provided?

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## JOB RELATED SKILLS

| | | |
|---|---|---|
| Language(s) (in addition to English)_____<br>☐ Sign Languages | | Years of Caregiving/CNA experience?_____ |
| Are you Driving? ☐ Yes ☐ No | License Plate #: | Freeway Driving OK?<br>☐ Yes ☐ No |

If you do not Drive, what will be your primary means of getting from/to work? ☐ Bus ☐ Rides ☐ Walk ☐ Bike

Car (year/make/model/color)_____ ☐ 2 Door ☐ 4 Door

☐ Smoker? ☐ Non-Smoker ☐ Willing to work in a smoking environment? If not, please explain_____

☐ Female Clients ☐ Male Clients ☐ Pet Allergies? Please specify:_____

Can you do transfers? ☐ Yes ☐ No If yes, how much can you support?_____lbs. If no, please state reason_____

Do you have any physical limitations that would prevent you from performing your duties? ☐ Yes ☐ No
If yes, please explain briefly:_____

Do you have any allergies that may affect your job performance while in a patient's home? ☐ Yes ☐ No

Do you have any other training, qualifications or skills which you feel make you especially suited to work with us? ☐ Yes ☐ No
If yes, please explain briefly:_____

| | | |
|---|---|---|
| Do you have a CPR card? | ☐ Yes ☐ No | If yes, date issued:_____ |
| Do you have a First Aid Card? | ☐ Yes ☐ No | If yes, date issued:_____ |
| Certified Home Health Aid? | ☐ Yes ☐ No | If yes, C.H.H.A#_____exp:_____ |
| Certified Nurse Assistant? | ☐ Yes ☐ No | If yes, C.N.A#_____ exp:_____ |

Other Certifications Kindly Specify:_____

## MEDICAL EQUIPMENT AND EXPERIENCES

| | | | |
|---|---|---|---|
| ☐ NONE | ☐ Dementia | ☐ Hospital Bed (Elec./Manual) | ☐ Parkinson |
| ☐ Alzheimer | ☐ Diabetes | ☐ Hoyer Lift | ☐ Quadriplegic Patients |
| ☐ Autism | ☐ Diaper Changing | ☐ House Work (Laundry, changing linen, dusting, vacuuming, etc.) | ☐ Range of Motions |
| ☐ Board & Care | ☐ Enema Applications | ☐ Hygiene/Bathing | ☐ Repositioning |
| ☐ BP Monitoring/Pulse/Temp | ☐ Facility/Hospital | ☐ Learning Disabled | ☐ Residential/one on one |
| ☐ Catheter | ☐ Feeding | ☐ Massage/ROM Exercises | ☐ Retirement Hotel |
| ☐ Cancer | ☐ Feeding Tube | ☐ Medication Reminders | ☐ Shower/Bathing |
| ☐ Changing Dressing | ☐ Gait Belt | ☐ Mothers who just gave birth | ☐ Sponge Bath |
| ☐ Cleaning Wounds | ☐ Glucometer | ☐ Nebulizer | ☐ Stand-up lift (ex: SARA lift) |
| ☐ Colostomy Care | ☐ G-tube | ☐ Non-Ambulatory Patients | ☐ Strong Patients |
| ☐ Cooking | ☐ Hip Surgery | ☐ Oxygen Tank | ☐ Taking Vital Signs |
| ☐ COPD | ☐ Hospice Care | | ☐ Walking Patients |

**List others please:**

| |
|---|
| |
| |
| |
| |

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## LISTED DUTIES

***Please check off the duties you cannot do and explain why in the box below***

**MEALS**

- ☐ Prepare meals
- ☐ Meal clean up
- ☐ Wash dishes
- ☐ Help with eating

**CLEANING AND LAUNDRY**

****No heavy house cleaning (example: scrubbing floors, scrubbing carpets, washing windows)**

- ☐ Empty trash (daily)
- ☐ Wipe counter (daily)
- ☐ Clean sinks (daily)
- ☐ Clean oven (only if it is used)
- ☐ Clean refrigerator (once a week)
- ☐ Vacuum/sweep (once a day)
- ☐ Dust (Once a week)
- ☐ Mop floors (once a day)
- ☐ Clean bathrooms (daily)
- ☐ Make bed (daily)
- ☐ Change bed linen (once a week or as needed)
- ☐ Routine laundry (once a week or as needed)

**NON-MEDICAL PERSONAL SERVICES**

- ☐ Dressing
- ☐ Grooming and oral hygiene
- ☐ Bathing, Bed baths, Showers
- ☐ Bowel and bladder care
- ☐ Assistance with walking or exercises
- ☐ Transfer in and out of bed
- ☐ Help in/out of vehicle
- ☐ Repositioning (Rub skin (massaging, putting lotion on skin)

**TRANSPORTATION SERVICES**

**(Only if driver is needed)**

- ☐ Grocery shopping
- ☐ Other shopping-errands
- ☐ Escorting to medical appointments
- ☐ Escorting to alternative resources

| Please provide explanation: |
|---|
| |
| |
| |

By you signing this form you agree to providing the above duties when assigned to a patient. Should you not provide these services you are subject to being fired from the company.

_____ _____ _____

Print Name Signature Date

# EDUCATION AND REFERENCES

| EDUCATION AND TRAINING | | | | |
|---|---|---|---|---|
| Name of School | Location | Courses | Year Completed | Diploma, Degree or Certificate Received |
| | | | | |
| | | | | |
| | | | | |

***(Please furnish names, addresses & telephone numbers of two people to whom you are not related & by whom you are not employed)***

| REFERENCES | |
|---|---|
| Name | |
| Address | |
| Occupation | |
| Phone No. | Number of years Acquainted:_____ |
| | |
| Name | |
| Address | |
| Occupation | |
| Phone No. | Number of years Acquainted:_____ |

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## REFERENCE CHECK

_____ has applied for a position at Caregivers USA, Inc. and has listed you as a previous employer. We would appreciate if you could verify what we were given and evaluating his/her performance. All information given to us will be kept in the strictest confidence.

| | |
|---|---|
| 1.) How long was the applicant employed with your company? | |
| 2.) What are the applicant's strong points? | |
| 3.) What are the applicant's weak points? | |
| 4.) What was the position applicant held? | |
| 5.) Would you rehire the applicant? | |
| 6.) Salary per hour? | |

***Please rate the applicant's in the following areas:***
***(Check appropriate box)***

_____
***Signature of Person Verifying Employment***

| CRITERIA | EXCELLENT | GOOD | POOR | COMMENTS |
|---|---|---|---|---|
| Attendance | ☐ | ☐ | ☐ | ☐ |
| Cooperation | ☐ | ☐ | ☐ | ☐ |
| Initiative | ☐ | ☐ | ☐ | ☐ |
| Job Knowledge | ☐ | ☐ | ☐ | ☐ |
| Productivity | ☐ | ☐ | ☐ | ☐ |
| Punctuality | ☐ | ☐ | ☐ | ☐ |
| Quality | ☐ | ☐ | ☐ | ☐ |
| Reliability | ☐ | ☐ | ☐ | ☐ |

## TO BE COMPLETED BY APPLICANT

_____ _____
Applicant Name (print clearly) Social Security Number/

_____
Employer Name (print clearly) Street City State Zip

_____ _____
Employer Phone Number Title of Position Held

I, _____hereby authorize any person, educational institution, or company I have listed as a reference on my employment application to disclose in good faith any information they may have regarding my qualifications and fitness for employment. I will hold any former employers, educational institutions, and any other persons giving references free of liability for the exchange of this information and any other reasonable and necessary information incident to the employment process.

_____ _____
Employee Signature Date

# ALTERNATE DISPUTE RESOLUTION AGREEMENT

The Employer, Caregivers USA, Inc. (And its affiliated companies) and the Employee whose signatures are affixed hereto (collectively referred to as the "Parties") mutually recognize that there are many advantages to using mediation and arbitration to settle any and all legal disputes and claims, including, but not limited to, all those arising from or in the course of employment. The Parties agree that for many reasons, lawsuits and court actions are disadvantageous to both and that the many benefits and advantages to all parties include: speed of progress, cost effectiveness, privacy and confidentiality, use of specialized and experienced decision makers, and complete due process and fairness to all parties.

In consideration of theses many benefits, the continuation of the employment relationship, and by other agreements, the Parties hereto mutually agree that this document ("Agreement") shall govern the resolution of all claims and disputes between them. The Parties further agree that this Agreement shall include all such claims and disputes involving Employer's customers and clients, administrative employers, all agents and other employees, all subsidiaries, affiliates and parent companies and any other person or entity that has agreed to this process.

THEREFORE, the Parties agree that any claim or dispute between them or against the persons or entitled named above, whether related to the employment relationship or otherwise, including those created by practice, common law, court decision, or statute, now existing or created later, including any related to allegations of violations of state or federal statutes related to discrimination, and all disputes about the validity of the arbitration clause shall be exclusively resolved, utilizing a two-step Alternate Dispute Resolution (ADR) process as follows:

1) **First, through mediation utilizing the Rules and Mediator provided by Dispute Systems, Inc., a neutral entity, or its successor; and**

2) **Failing settlement by mediation, the parties agree that all claims and disputes, including those of jurisdiction and arbitrability, shall be resolved by neutral binding arbitration conducted by the National Arbitration Forum (NAF), under NAF Code of Procedure in effect at the time any claim is made, this Dispute Resolution Agreement and the Arbitration Rules of Dispute Systems, Inc., or its successor, which are incorporated herein by reference. The Parties stipulate that this Agreement involves transactions in interstate commerce, is subject to Federal Arbitration Act, invoke it jurisdiction and agree that any award of the arbitrator(s) may be entered as a judgment in any court of competent jurisdiction.**

This is a legal document and any questions or concerns about it should be discussed with legal counsel of the Employee's choice at his/her expense. By signing this Agreement, the Parties are giving up any right they may have sue each other. Any right to trial by jury or judicial appeal is expressly waived.

This Agreement incorporates the entire Agreement of the parties and supersedes and replaces all prior Agreement, written or oral, if any, and may not be changed, except in writing and signed by all parties. This Agreement does not create a contract of employment or in any way alter the "at-will" status of the employment relationship. This Agreement survives the employment relationship.

You, the Employee, in signing below, do individually and on behalf of your heirs, successors, spouse, beneficiaries, administrators, curators, tutors, representatives, and assigns, certify that you have actually read, understand and accept all of the terms, conditions and provisions contained in this Agreement.

X_____ _____
Employee Date

X_____ _____
Employer Date

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## PLEASE READ CAREFULLY, INITIAL EACH PARAGRAPH AND SIGN BELOW

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my changes for having a job and that the answers given by me are true and correct to the best of my knowledge. I further understand that any misstatement or omission of fact on this application or on any other related documents shall be grounds for rejection of this application or for immediate discharge if given a job, regardless of the time elapsed before discovery.

_____ 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 references I have listed to disclose to the company 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, depends or liabilities arising out or in any way related to such investigation or disclosure

_____ I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my job tenure, if given opportunity, is intended to create employment contract between me and the company. In addition, I understand and agree that if I am given a job, this will be for no definite or determinable period and may be terminated at any time, without notice, at the option of either myself of the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative.

_____ Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, worker's compensation claims, tax lien or outstanding judgment) be conducted by internal personnel employed by the Company. I am entitled to copies of any such public records obtained by the Company unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

**[ ] I waive receipt of a copy of any public record described in the paragraph above**

### AGREEMENT OF PAY

I agree to receive work through Caregivers USA, Inc. and get paid $9.00 an hour for care giver, $10.00 an hour for CNA, or $120.00 for live-in. This pay will continue being the same for one year or until a work evaluation is done. A raise will be discussed after evaluation. I also agree that a one year is considered a 12 month work status without any breaks in the months.

Signature of Applicant :_____

Printed Name :_____

Date Signed :_____

No Advance Payment Policy:

Under no circumstances will the Company release any paychecks prior to the announced schedule.