

# Seniors At Home

Better Care Starts Here



A DIVISION OF JEWISH FAMILY AND CHILDREN'S SERVICES

2150 Post Street, San Francisco, CA 94115  
200 Channing Street, Palo Alto, CA 94301-2415  
2001 Winward Way, San Mateo, CA 94404  
600 5<sup>th</sup> Avenue, San Rafael, CA 94901-3348  
1360 North Dutton Avenue Suite C, Santa Rosa, CA 95401

## Employment Application

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Home telephone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email address: \_\_\_\_\_

### Emergency Contact information:

List individuals we can contact in cases of emergencies

Name 1: \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact # \_\_\_\_\_

Name 2: \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact # \_\_\_\_\_

Name 3: \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact # \_\_\_\_\_

Have you worked for Seniors At Home/JFCS in the past? .....  Yes  No

If yes, what year? \_\_\_\_\_ Reason for leaving? \_\_\_\_\_

If no, how did you hear about Seniors At Home?  Online Job Board: Craigslist

Online Job Board: Indeed  Company Website  Friend or Family Member

Current Employee  Social Media  Online Search  Event Flyer  Newspaper  Other

**Referral or source name:** \_\_\_\_\_

Do you have the legal right to work in the United States?  Yes  No

*(If Yes, you are required to provide documented proof of your eligibility.)*

Have you ever been convicted of a felony within the last seven years?  Yes  No

Are you willing to be fingerprinted for DOJ and FBI clearance?  Yes  No

### Work Preferences:

Circle the position you are most interested in:  Live- In Attendant /  Hourly Attendant

How many days are you available to work? :  1,  2,  3,  4,  5,  6,  7.

How many hours per shift are you available?:  2hrs,  4hrs,  8hrs,  12hrs,  24hr/live-in

Indicate as best as you can, the days and shifts you are available to work:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Day (7am-3pm)							
PM (3pm- 11pm)							
Nights (11pm- 7am)							

**Client Preferences:**

- You prefer to work with- Male clients only-  Yes  No  
 Female clients only-  Yes  No  
 Both male and female clients-  Yes  No  
 Single clients only-  Yes  No  
 Multiple clients-  Yes  No

- Are you allergic to the following? Cats-  Yes  No  
 Dogs-  Yes  No  
 Other animals-  Yes  No List: \_\_\_\_\_  
 Fragrance-  Yes  No  
 Smoke/cigarettes-  Yes  No  
 Any other allergies-  Yes  No List: \_\_\_\_\_

Able to work in a "smoking" home?-  Yes  No

**Additional Information:**

Other languages spoken: \_\_\_\_\_

List other special skills or experiences that you have used or have come across in homecare? (For example: Sewing, beautician, barbering, gardening, cooking, singing, etc) : \_\_\_\_\_

**Driving and Areas of work:** (check all area that you are willing to work in)

San Francisco Area:  San Francisco only

North Peninsula Area:  South SFO /  Daly City /  Pacifica /  San Bruno /  Hillsborough /  Millbrae /  Burlingame /  San Mateo /  Foster City /  San Carlos

South Peninsula Area:  Redwood City /  Palo Alto /  Menlo Pk /  Sunnyvale /  Sta. Clara /  Mt. View /  San Jose

Marin/Sonoma:  Sausalito /  Mill Valley /  San Rafael /  Tiburon /  Novato /  Kentfield /  Ross /  Fairfax /  San Anselmo /  Corte Madera /  Larkspur /  Greenbrae /  Rohnert Park/  Petaluma /  Santa Rosa /  Sebastopol /  Sonoma /  Windsor /  Cotati /  Penngrove /  Oakmont /  Healdsburg

- Do you drive?  Yes  No  
Do you have a valid driver's license?  Yes  No License #: \_\_\_\_\_  
Are you willing to drive a client in your car?  Yes  No  
Are you willing to drive a client's car?  Yes  No  
Can you provide proof of car insurance?  Yes  No (Provide copy)

**Certifications:**

Provide copies of certifications during the hiring process.

- Are you certified for CPR?  Yes  No  
Do you have First Aid training?  Yes  No  
Are you currently certified as a:  CNA  CHHA  LVN  RN ?

**Training and Education:**

School	Field of Study	Certificate/Degree
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Work Experience:**

Please list your most recent employers first.

1. Employer (Client's Name): \_\_\_\_\_

Address: \_\_\_\_\_

**Supervisor's name / Phone number:** \_\_\_\_\_

Employment dates From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_

Position held: \_\_\_\_\_ Schedule: \_\_\_\_\_

How many patients did you care for in a shift?: \_\_\_\_\_

Duties and Responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Request for Reference Information Completed

2. Employer (Client's Name): \_\_\_\_\_

Address: \_\_\_\_\_

**Supervisor's name / Phone number:** \_\_\_\_\_

Employment dates From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_

Position held: \_\_\_\_\_ Schedule: \_\_\_\_\_

How many patients did you care for in a shift?: \_\_\_\_\_

Duties and Responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Request for Reference Information Completed

3. Employer (Client's Name): \_\_\_\_\_

Address: \_\_\_\_\_

**Supervisor's name / Phone number:** \_\_\_\_\_

Employment dates From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_

Position held: \_\_\_\_\_ Schedule: \_\_\_\_\_

How many patients did you care for in a shift?: \_\_\_\_\_

Duties and Responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Request for Reference Information Completed

I certify that all information given on this application is true and correct. I also understand that the Jewish Family and Children's Services may make an investigation of my work and personal history, and I authorize all persons, schools, companies, corporations and law enforcement agencies to supply any information concerning my background and release them from any liability and responsibility arising from their doing so. I understand that any misrepresentation or omission of information will be sufficient cause for dismissal.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date



Please return the document to:

- \_\_\_\_\_ 2150 Post Street, San Francisco, CA 94115 .....or Fax: (415) 449-3703
- \_\_\_\_\_ 600 Fifth Avenue, San Rafael, CA 94901 ..... or Fax: (415) 449-3703
- \_\_\_\_\_ 200 Channing Street, Palo Alto, CA 94301-2415 ..... or Fax: (650) 330-0868
- \_\_\_\_\_ 2001 Windward Way, San Mateo, CA 94404 .....or Fax: (650) 330-0868
- \_\_\_\_\_ 1360 N. Dutton Ave, Suite C, Santa Rosa, CA 95401 ..... or Fax: (415) 449-3703

**CONFIDENTIAL REQUEST FOR REFERENCE INFORMATION**

To: \_\_\_\_\_

Applicant's Full Name \_\_\_\_\_ Soc Security # \_\_\_\_\_

The above named individual has applied to join our Home Care Agency. As we place great importance in the thorough screening of all our applicants, we would appreciate your courtesy in responding to us. This information will be held in the strictest confidence unless otherwise required by law. Thank you.

Sincerely,

Seniors At Home Staff

I hereby release from any liability the company; institution or person named above and authorize them to release all information regarding my employment with them.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

-----  
Name of company: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Position Held: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Termination: \_\_\_\_\_

Would you rehire this individual? Yes: \_\_\_\_\_ No: \_\_\_\_\_

	Above Average	Average	Below Average
Quality of Skills			
Quality of Attitude			
Dependability			
Reliability			
Judgment			

Additional Comments: \_\_\_\_\_

Client/Employer Signature & Title: \_\_\_\_\_



Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Self Evaluation of Skill and Experience Inventory for**

**Personal Care Attendant**

Please select the level of your skill and ability using the following **KEY**:

NA= not applicable    1= not experienced    2= some experience    3= very experienced

	Skill/ Experience	Check One	Comments
1.	<b>Personal Care Skills</b>		
	a. Bed Bath	<input type="radio"/> NA <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	
	b. Sponge, Tub or Shower Bath	<input type="radio"/> NA <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	
	c. Shampoo in Bed	<input type="radio"/> NA <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	
	d. Shampoo – Sink or Tub	<input type="radio"/> NA <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	
	e. Nail and Foot Care	<input type="radio"/> NA <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	
	f. Skin Care	<input type="radio"/> NA <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	
	g. Backrub/ Massage	<input type="radio"/> NA <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	
	h. Oral Hygiene/ Denture Care	<input type="radio"/> NA <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	
	i. Shave	<input type="radio"/> NA <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	
	j. Positioning	<input type="radio"/> NA <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	
	k. Make Occupied Bed	<input type="radio"/> NA <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	
	l. Dressing	<input type="radio"/> NA <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	
2.	<b>Simple Procedures</b>		
	a. TPR / Vital Signs	<input type="radio"/> NA <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	
	b. Urine Test for Sugar	<input type="radio"/> NA <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	
	c. Safe Use of O <sub>2</sub>	<input type="radio"/> NA <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	
	d. Non-Sterile Dry Dressing	<input type="radio"/> NA <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	
	e. Dry and Moist Heat	<input type="radio"/> NA <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	
	f. Cold Application	<input type="radio"/> NA <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	
3.	<b>Elimination</b>		
	a. Intake and Output	<input type="radio"/> NA <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	
	b. Ostomy Care	<input type="radio"/> NA <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	
	c. Catheter Care	<input type="radio"/> NA <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	
	d. Bed Pan	<input type="radio"/> NA <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	
	e. Urinal	<input type="radio"/> NA <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	
	f. Incontinence/ Adult Diapers	<input type="radio"/> NA <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	
4.	<b>Medication</b>		
	a. Reminding, Observing, Reporting	<input type="radio"/> NA <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	
	b. Assisting with Bottle or Mediset	<input type="radio"/> NA <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	
5.	<b>Transfers/ Rehabilitation</b>		
	a. Standby	<input type="radio"/> NA <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	
	b. Minimum	<input type="radio"/> NA <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	
	c. Moderate	<input type="radio"/> NA <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	
	d. Maximum	<input type="radio"/> NA <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	

Please select the level of your skill and ability using the following **KEY**:  
 NA= not applicable    1= not experienced    2= some experience    3= very experienced

Skill/ Experience		Check One	Comments
	e. Ambulation	<input type="radio"/> NA <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	
	f. Assistive Devices (cane, walker, wheel chair)	<input type="radio"/> NA <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	
	g. Hoyer Lifts / mechanical lift	<input type="radio"/> NA <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	
	h. Practices Good Body Mechanics & Transfers	<input type="radio"/> NA <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	
	i. Range of Motion/ Exercise	<input type="radio"/> NA <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	
6.	<b>Infection Control</b>		
	a. Hand washing	<input type="radio"/> NA <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	
	b. Proper Bag Technique	<input type="radio"/> NA <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	
	c. Protective Equipment (gloves, mask, etc.)	<input type="radio"/> NA <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	
	d. Exposure Plan	<input type="radio"/> NA <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	
	e. Equipment Care	<input type="radio"/> NA <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	
7.	<b>Meal Planning and Preparation</b>		
	a. Shopping and errands	<input type="radio"/> NA <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	
	b. Preparing Regular Diet	<input type="radio"/> NA <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	
	c. Preparing Modified Diet	<input type="radio"/> NA <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	
	d. Assist with Feeding	<input type="radio"/> NA <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	
8.	<b>Provides Clean, Safe Environment</b>		
	a. Laundry	<input type="radio"/> NA <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	
	b. Dishes	<input type="radio"/> NA <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	
	c. General Housekeeping	<input type="radio"/> NA <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	
	d. Provides for Safety Needs of Client, Self and Others Present	<input type="radio"/> NA <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	
9.	<b>Experience with the Following:</b>		
	a. Terminal Illness/ Cancer	<input type="radio"/> NA <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	
	b. Dementia/ Alzheimer's	<input type="radio"/> NA <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	
	c. AIDS	<input type="radio"/> NA <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	
	d. Parkinson's	<input type="radio"/> NA <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	
	e. Diabetes	<input type="radio"/> NA <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	
	f. Hip/ Bone Fractures	<input type="radio"/> NA <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	
	g. Mental Illness/ Depression	<input type="radio"/> NA <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	
	h. Stroke	<input type="radio"/> NA <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	
	i. Men	<input type="radio"/> NA <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	
	j. Women	<input type="radio"/> NA <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	