
Applicant Registration Form

At Home With Care-Referral Agency

Please Print

Date Last Name First Name M/I Social Security

Present Address

No. & Street City State Zip _____

Previous Address (if less than 5 years at present address)

No. & Street City State Zip _____

() ____ - ____
Business Phone

() ____ - ____
Home Phone

Cell Phone () ____ - ____

Email Address:

Emergency Contact:

First Name Last Name () ____ - ____ () ____ - ____
Home Phone Cell Phone

Relationship To you:

Address:

CERTIFICATION: Provide copies of certifications you have answered **yes** to

- Yes No Registered on California's Department of Social Services Home Care Aide Registry
- Yes No Cleared Fingerprints on file with the State of California (Live Scan)
- Yes No Current HHA license (Home Health Aide)
- Yes No Current CAN certificate (Certified Nursing Assistant)
- Yes No Negative TB Test within the last 12 months (Tuberculosis)
- Yes No Other certification or training
- Yes No Current CAN certificate (Certified Nursing Assistant)

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)?
(Convictions for Marijuana-related offenses that are more than two years old need not be listed.)

Yes No

If yes, state nature of the crime(s), when and where convicted, and disposition of the case.

Work References: List the most recent In home care jobs.

Reference #1

_____		() -	
Company Name or Client's Name		Telephone No.	
_____		_____	
Type of Business		Supervisor's Name or Family Member	
_____		_____	
Address & Street		City	State Zip
_____		_____	_____
Dates of Employment: _____		Hourly Pay: _____	
From	To	Starting	Ending
_____	_____	_____	_____
Your Position and Duties			

Reason for Leaving			

May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Reference #2

_____		() -	
Company Name or Client's Name		Telephone No.	
_____		_____	
Type of Business		Supervisor's Name or Family Member	
_____		_____	
Address & Street		City	State Zip
_____		_____	_____
Dates of Employment: _____		Hourly Pay: _____	
From	To	Starting	Ending
_____	_____	_____	_____
Your Position and Duties			

Reason for Leaving			

May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Reference #3

_____		() -	
Company Name or Client's Name		Telephone No.	
_____		_____	
Type of Business		Supervisor's Name or Family Member	
_____		_____	
Address & Street		City	State Zip
_____		_____	_____
Dates of Employment: _____		Hourly Pay: _____	
From	To	Starting	Ending
_____	_____	_____	_____
Your Position and Duties			

Reason for Leaving

May we contact this employer for a reference? Yes No

TYPES OF SERVICE YOU CAN PROVIDE AND HAVE EXPERIENCE IN:

- Yes No COMPANIONSHIP
- Yes No COOKING MEALS AND FOOD PREPARATION
- Yes No TRANSPORTATION IN YOUR OR CLIENTS CAR
- Yes No ASSIST CLIENT WITH ERRANDS AND GROCERY SHOPPING
- Yes No ASSIST CLIENT WITH SHOWERING
- Yes No GIVE CLIENT BED BATH
- Yes No CHANGE DIAPERS/ASSIST WITH INCONTINENCE
- Yes No ASSIST CLIENT WITH MEDICATION REMINDERS
- Yes No LIGHT HOUSEKEEPING/HOUSEHOLD DUTIES

AMBULATION, TRANSFERRING AND USE OF EQUIPMENT:

- Yes No STAND BY ASSISTANCE (STAND BY TO HELP CLIENT IF NECESSARY)
- Yes No MODERATE ASSISTANCE (CLIENT ABLE TO PROVIDE SOME ASSISTANCE)
- Yes No FULL TRANSFER (CLIENT UNABLE TO PROVIDE ANY ASSISTANCE)
- Yes No ASSIST BEDBOUND CLIENT WITH POSITIONING AND TURNING
- Yes No WHEEL CHAIR USE-(INCLUDING TRANSFERRING FROM/TO WHEELCHAIR)
- Yes No EXPERIENCE WITH TRANSFER BELTS / BOARDS
- Yes No EXPERIENCE WITH HOYER LIFTS
- Yes No CAN YOU ASSESS FALL RISK?
- Yes No EXPERIENCE WITH FEEDING TUBE
- Yes No EXPERIENCE WITH BASIC WOUND CARE
- Yes No Do you have any physical or any other type of limitation that we should know about?

TYPES OF CLIENTS DIAGNOSES YOU HAVE EXPERIENCE WITH:

- Yes No CLIENTS WITH ALZHEIMERS OR DEMENTIA
- Yes No CLIENTS REQUIRING CANCER CARE
- Yes No CLIENTS WITH PARKINSON'S DISEASE
- Yes No CLIENTS REQUIRING STROKE CARE
- Yes No CLIENTS WITH DIABETES
- Yes No CLIENTS WHO ARE ON OXYFEN
- Yes No CLIENTS ON HOSPICE OR END OF LIFE
- Yes No CLIENTS WHO ARE BEDBOUND
- Yes No FEMALE CLIENT ACCEPTABLE
- Yes No MALE CLIENT ACCEPTABLE
- Yes No OTHER EXPERIENCE THAT IS NOT LISTED HERE:

IMPORTANT: The questions about your experience are asked for you to let At Home with Care Referral Agency know the types of services you are experienced with so that At Home With Care can make the appropriate referrals for you and the client.

Nature of Services: At Home with Care shall provide referral services for an In Home Care Non Medical Caregiver at the request of client. AHCW will refer candidates for hire to Client by providing resumes, profiles, which will include candidates In Home Care Non Medical caregiver experience.

It is your responsibility to know your limitations and to only perform **NON MEDICAL** services you are experienced and familiar with or that you do not feel is safe for you or your client. AHWC-Referral agency is not responsible for determining what services you should or should not perform for your clients. It is important before you accept the job that you are familiar with and that you feel safe for you and your client.

TYPES OF SHIFTS YOU ARE SEEKING:

- Yes No I AM AVAILABLE FOR DAY SHIFTS
 Yes No I AM AVAILABLE FOR EVENNING SHIFTS
 Yes No I AM AVAILABLE FOR NIGHTS/OVERNIGHTS SHIFTS
 Yes No I AM AVAILABLE PART TIME
 Yes No I AM AVAILABLE FULL TIME SHIFTS
 Yes No I AM AVAILABLE TO PROVIDE LIVE IN CARE

PLEASE TELL US THE GEOGRAPHICAL AREAS YOU CAN WORK

- Yes No South Bay-/ Palos Verdes/ Rolling Hills/ Rancho Palos Verdes
 Yes No San Pedro
 Yes No Long Beach

MISCELLANEOUS:

- Yes No ARE YOU A SMOKER
 Yes No BASIC COOKING SKILLS
 Yes No ENJOY CLEANING
 Yes No LIKE ANIMALS
 Yes No PET ALLERGIES

EDUCATION: Provide copies of certifications you have answered **yes** to

- DIPLOMA ASSOCIATE BACHELOR MASTERS

LANGUAGES

- English Spanish Filipino

Other: _____

PLEASE DESCRIBE IN FEW WORDS WHY YOU ARE A CAREGIVER:

I authorized At Home with Care Referral Agency to investigate my references, work records, education, and other matters related to my suitability for placement with At Home with Care Referral Agency.

In addition, I understand and agree that At Home with Care Referral Agency is a placement agency for an In Home Care Non Medical Caregiver at the request of client. AHWC is not an employer or co employer and assumes no liability or responsibility of any act of client or domestic worker.

Applicant's Signature _____

Printed Name

Date
