



Employment Application – Home Care Provider

Please print clearly and complete ALL information pages 1-4. Please initial and sign the last page.

General Information

Full Legal Name: _____ Today's Date: ____/____/____

Address (street, city, state, zip): _____

Mobile Phone: (____) _____ - _____ Home Phone: (____) _____ - _____

Email Address: _____ Best method to contact you: _____

How did you learn about this opportunity? (Be specific in space provided):

Homebridge Employee (name): _____

Online Job Posting (site name): _____

Flyer (posting location): _____

Employment Center (center name): _____

Other: _____

Have you had a Tuberculosis (TB) test within the past 12 months? Yes No

If yes, date taken: ____/____/____

Relevant Experience

You must answer the below questions to be considered for employment. Please be thoughtful in your answers.

Have you read the job description? Yes No

If no, read it now before responding below.

Are you able to perform the essential functions of the job for which you are applying? Yes No

If no, describe the functions you will not be able to perform: _____

Please describe any relevant caregiving experience you have (may be paid or unpaid): _____

Why do you want to be a Home Care Provider with Homebridge? _____

What do you think will be the most difficult part of this job? _____

Employment History

Prior to 2016, Homebridge was named IHSS Consortium. Have you ever filed an application for Homebridge or IHSS Consortium? Yes No

If yes, when: _____

Have you ever worked for Homebridge or IHSS Consortium? Yes No

If yes, when: _____

Are you employed now? Yes No

Date you are available to begin work: ____/____/____

If hired, can you present evidence of your legal right to work in this country? Yes No

Please list your most recent work experience whether or not it is relevant to home care.

Company/Client Name: _____ City/State: _____

Position: _____ Dates of employment: (month/year) ____/____ to ____/____

Duties and Responsibilities: _____

Reason for Leaving: _____

Supervisor's Name: _____ Telephone: (____) _____ - _____

May we contact? Yes No

Company/Client Name: _____ City/State: _____

Position: _____ Dates of employment: (month/year) ____/____ to ____/____

Duties and Responsibilities: _____

Reason for Leaving: _____

Supervisor's Name: _____ Telephone: (_____) _____ - _____

May we contact? Yes No

Company/Client Name: _____ City/State: _____

Position: _____ Dates of employment: (month/year) ____/____ to ____/____

Duties and Responsibilities: _____

Reason for Leaving: _____

Supervisor's Name: _____ Telephone: (_____) _____ - _____

May we contact? Yes No

Certification and Training

Licensed Vocational Nurse (LVN) Yes No Lic.# _____ Expiration Date: ____/____/____

Certified Nursing Assistant (CNA) Yes No Lic.# _____ Expiration Date: ____/____/____

Home Health Aide (HHA) Yes No Lic.# _____ Expiration Date: ____/____/____

Other Relevant Training: _____

Languages

Please check any languages that you speak or write:

English Spanish Cantonese Mandarin Korean Vietnamese
 Tagalog Japanese Russian Hindi Other: _____

Signature

Please read carefully, initial each paragraph, and sign and date below.

_____ 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 have personally completed this Application. I understand that any omission or misstatement of material fact on this Application or 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.

Initials

_____ I understand that Homebridge may contact and obtain information from my current and previous employers to investigate any of the above information for purposes of verification. I authorize those employers to disclose to Homebridge all records and information pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, I hereby fully waive any rights or claims I have or may have against my current and former employers, their agents, employees, and representatives, as well as other individuals who release information to Homebridge, and release them from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any such information whether favorable or unfavorable to me.

Initials

_____ I understand that if I receive an offer of employment, the Company will conduct a background check into my employment, education, financial, criminal, and personal character history for the past ten (10) years, including state and federal checks, to the extent permitted by law.

Initials

_____ I understand that nothing contained in this Application, or conveyed during any interview, or during my employment, if hired, is intended to create an employment contract between the Company and me. In addition, I understand and agree that if I am employed, my employment will be "at-will"- that is, for no definite or determinable period of time, and may be terminated at any time, with or without notice, at either my option or the Company's option, and that no promises will be binding on the Company unless made in writing and signed by me and by an authorized representative of the Company.

Initials

Applicant Signature

Date

Homebridge is an Equal Opportunity, Fair Chance Employer, mandated by In-Home Supportive Services California state law. Homebridge is committed to maintaining a diverse workforce and does not discriminate on the basis of race, color, religion, gender, sexual orientation, gender identity or expression, national origin, age, genetic information, disability or veteran status.