

First Name	Name Middle Name			Last Name		
Street Address				Apt#		
City				State	Zip Code	
Area Code Mobile Phone	Area Code Home	Phone		E-Mail Address		
Transportation	☐ I have a ca	ır.		☐ I use mass-transi	it.	
l'm willing to transport clients in	their car.	willing to transport cli	ents in m	y car Wi	Illing to travel miles	
Education GED	High School	Some College		Associates Degree	Bachelor's Degree	
Certifications	First Aid	Food Safety		Home Health Aide	Nurse Assistant	
Specializations Alzheimer's	Dementia	Diabetes		Mental Health		
Other						
Able and willing to lift at least 50 lbs	s Yes	No				
Please provide three professional re	eferences whom we can	contact.				
Name		An	ea Code	Phone Numl	ber	
Title		E-I	E-Mail Address			
Company		Re	lationship t	o You		
Name		Ard	ea Code	Phone Numb	per	
Title		E-I	Mail Addres	ss		
Company		Re	lationship t	o You		
Name		Ard	ea Code	Phone Numb	per	
Title			Mail Addres	SS		
Company		Re	lationship t	o You		



Languages

	None		Basic	Good	Fluent				
English									
Spanish									
Cantonese									
Mandrin									
Tagolog									
Taiwanese									
Visayan									
American Sign Language									
Other -									
Legal to Work in the U.S.	Yes	No	Willing and a	able to lift 50 lbs	Yes No				
TB Test	Test Negat	Test Date	_						
Have you ever plead guilty or no contest to, or been convicted of any criminal offense? (Please do not include misdemeanor marijuana-related convictions more than two years old, or misdemeanor convictions for which probation was successfully completed or otherwise discharged and the case was judicially dismissed.)									
discriarged and the case was judic	lally distillssed.)	Yes		No					
Have you ever been arrested for any matters for which you are currently out on bail or on your own recognizance pending trial?									
		Yes		No					
Criminal convictions or arrests will not automatically disqualify you from a job. We will consider the nature of the crime, its seriousness, the substantial relation to being a caregiver, number of occurrences, your age at the time of the crime, elapsed time since the crime, and your work & education history, references and recommendations, and necessity of any exclusion when required by law.									
Have you ever initiated an act of violence in the workplace?									
		Yes		No					
If yes, provide details of workplace, date/s of incident/s. A "yes" will not necessarily disqualify you from employment.									



Desired Amount of	Work	Part Tim	e	Full Time		More Than F	full Time		
Shift Preferences									
	Mon	Tue	Wed	Thu	Fri	Sat	Sun		
7am-7pm									
3pm-11pm									
11pm-7am									
Shift Availabilities									
	Mon	Tue	Wed	Thu	Fri	Sat	Sun		
7am-7pm									
3pm-11pm									
11pm-7am									
Other Shift Details									
	Mon	Tues	Wed	Thurs	Fri	Sat	Sun		
Single Shift									
Double Shift									
12hr Shift									
24hr Shift									
Overnight									
Live In									
Comments regarding my avaliability									
24hr Shift Overnight Live In	ng my avaliabilit	y							



How	did you hear abo	ut Opti	ionONE?				
	Newspaper		Referred by healt	chcare professional		Referred by healthcare prof	essional
	Craig's List		Referred by Option	onONE client		Google Search	Other
l unc	erstand and agre	that:					
	-		•			ntinued employment is contingeral to the minimum required by the	· ·
local and/d appli may drugs testir	law. If the Compan or alcohol test is pos cable federal, state be subject to urinal s. If employed, I und g consistent with the	y has si sitive, th and loo ysis and lerstand le Comp	uch a program and I a be employment offer m cal law. I also understa d/or blood screening of d that the taking of alco pany's policies and ap	am offered a conditional offi ay be withdrawn. I agree to and that employees of the land or other medically recognized whol and/or drug tests is a couplicable federal, state, and	er of emp work und location, ed tests of ondition local law	nol testing program consistent woloyment, I understand that if a pater the conditions requiring a drupursuant to OptionONE's policy designed to detect the presence of continual employment and I ago.	ore-employment (post-offer) drug g-free workplace, consistent with and federal, state, and local law of alcohol or illegal or controlled gree to undergo alcohol and drug
		-	-	•		in certain circumstances, my pe	_
	•		and to the extent perm nent, as well as an agr	•	local law	, I may be required to sign a co	nfidentiality, restrictive covenant
accu	rate to the best of	ny knov	wledge. I understand t		presenta	ats I may present during any interion, or omission of any informat g immediate dismissal.	
TION CAU TERI AGR AN A	I IF HIRED OPTIO SE OR NOTICE. N MINATE EMPLOYI EEMENT—EXPRE GREEMENT IS IN REGULATIONS C	NONE (OTHIN(MENT A SS OR A WRIT F OPTI	OR I MAY TERMINAT G IN THIS APPLICATI IT-WILL. NO OFFICE IMPLIED—WITH ME ITEN CONTRACT SIC IONONE, AND I UND	E THE EMPLOYMENT RE ON OR IN ANY DOCUMEI R EMPLOYEE OR REPRI OR ANY APPLICANT FOR GNED BY THE PRESIDEN	ELATION NT OR S ESENTA R EMPLO T OF OP ONE HA	AND REGARDLESS OF ANY SHIP AT ANY TIME, FOR ANY TATEMENT, WRITTEN OR ORATIVE OF OPTIONONE IS AUTIONOME. IS AUTIONOME. IF HIRED, I AGREE S COMPLETE DISCRETION TMPLOYMENT AT-WILL.	REASON, WITH OR WITHOUT AL SHALL LIMIT THE RIGHT TO HORIZED TO ENTER INTO AN RIOD OF TIME UNLESS SUCH TO CONFORM TO THE RULES
to the reser any page caus	e extent permitted I vation, any party o party delivering info es of action which	y law. I agency rmation may ha	agree to complete ar y contacted by this en n to OptionONE or its	ny requisite authorization for aployer to furnish the above duly authorized represent	orms for to e-mention ative pur	ation and/or resume as it relates he background investigation. I A ned information. I hereby releas suant to this authorization from ed information I understand Opti	uthorize and consent to, withou e, discharge, and hold harmless any liability, claims, charges, o
				_ Signature			 Date