



## Employment Application

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

Social Security Number

First 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 car. ☐ I use mass-transit.  
☐ I'm willing to transport clients in their car. ☐ I'm willing to transport clients in my car. Willing to travel \_\_\_\_\_ miles

If willing to transport clients, please provide driver's license and insurance details.\*

Driver's License Number State of Issue Exp Date

Auto Insurance Carrier Policy # Exp Date

\* Requires good driving record subject to check, and auto insurance of \$100,000/ \$300,000/ \$100,000.

Education ☐ GED ☐ High School ☐ Some College ☐ Associates Degree ☐ Bachelor's Degree

Certifications ☐ CPR ☐ First Aid ☐ Food Safety ☐ Home Health Aide ☐ Nurse Assistant

Specializations ☐ Alzheimer's ☐ Dementia ☐ Diabetes ☐ Mental Health

Please provide three professional references whom we can contact.

|   |         |                     |              |
|---|---------|---------------------|--------------|
| 1 | Name    | Area Code           | Phone Number |
|   | Title   | Email Address       |              |
|   | Company | Relationship to You |              |
| 2 | Name    | Area Code           | Phone Number |
|   | Title   | Email Address       |              |
|   | Company | Relationship to You |              |
| 3 | Name    | Area Code           | Phone Number |
|   | Title   | Email Address       |              |
|   | Company | Relationship to You |              |



## Employment Application

### Languages

|                        | None                     | Basic                    | Good                     | Fluent                   |
|------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| English                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Spanish                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cantonese              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mandarin               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Tagalog                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Taiwanese              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Visayan                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| American Sign Language | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other -                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Legal to Work in the U.S.      Yes      No      Willing and able to lift 50 lbs      Yes      No

Military Service      ☐ None      ☐ Former      ☐ Active      ☐ Reserve      ☐ Prefer not to answer

TB Test      Test Negative                       
Test Date

Ever Convicted of a Crime      Yes      No (If yes explain.)

How did you hear about OptionONE?

☐ Newspaper      ☐ Referred by OptionONE caregiver      ☐ Referred by healthcare professional  
☐ Craig's List      ☐ Referred by OptionONE client      ☐ Google Search      ☐ Other

By my signature, I authorize OptionONE Healthcare Management, LLC to use any of the information I have provided to perform any and all background, criminal, and reference checks they deem necessary for this application.

Signature

Date



## Employment Application

### Desired Amount of Work

☐ Part Time

☐ Full Time

☐ More Than Full Time

### Shift Preferences

|          | Mon                      | Tues                     | Wed                      | Thu                      | Fri                      | Sat                      | Sun                      |
|----------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 7am-7pm  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3pm-11pm | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11pm-7am | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### Shift Availabilities

|          | Mon                      | Tues                     | Wed                      | Thu                      | Fri                      | Sat                      | Sun                      |
|----------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 7am-7pm  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3pm-11pm | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11pm-7am | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### Other Shift Details

|              | Mon                      | Tues                     | Wed                      | Thu                      | Fri                      | Sat                      | Sun                      |
|--------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Single Shift | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Double Shift | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12hr Shift   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24hr Shift   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Overnight    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Live In      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### Comments regarding my availability