



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	



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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



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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