

# **Kristie Jo's Love, Comfort and Care LLC**

**19425 Soledad Canyon Rd. Suite 127**

**Santa Clarita, Ca. 91351**

**661-347-0800**

Thank you for your interest in working for our agency.

Please submit the application below to be considered for a position as a caregiver. Upon submittal of application, **please return these forms with an attached photo of yourself for our records.**

**Days Available:**

**Hours Available:**

**Locations where you are willing to work:**

**Explain current needs:**

**Languages Spoken:**

**First and middle Name:**

**Last Name:**

Address:

Address Line 2:

City:

State:

Postal Code:

Home Phone:

Mobile Phone:

Email:

**Social Security number:**

**CDL number and expiration:**

**Please check categories that match your skills and preferences.**

General

Dementia Experience

Hospice Experience

Incontinence Experience

Insured Automobile

Live-In Shifts OK

OK with Client Smoking

Transfers

Gait Belt Experience

Hoyer Lift Experience

Pets

OK with Cats

OK with Dogs

Max client weight for transfers:

Education & Training:

High School

College

School:

Degree received:

**Certifications and Credentials:**

**Please check all that apply, and enter the expiration date and any notes as applicable.**

Active

Type

Expiration Date

Notes

Assisting with ADLs & IADLs Training

Car Insurance

Client Rights & Safety Training

CNA License

**Please check all that apply:**

CHHA Certification

CPR Certification

Driver's License

First Aid Certification

Home Care Aide Registry PER/HCA ID

Lifting and Moving Clients Training

LVN/LPN Certification

Passport

Recognizing and Reporting Abuse & Neglect Training

Registered Nurse

State ID Card

Tuberculosis Test

+ Add Additional Certification or Credential

**Employment History: Please attach any letters of recommendation that you may have.**

**Please provide your most recent positions of employment.**

**Employer:**

Supervisor:

Phone Number:

Address 1:

Address 2:

City:

State:

Postal Code:

Hours worked:

Date Employed:

**Duties:**

**Employer:**

Supervisor:

Phone Number:

Address 1:

Address 2:

City:

State:

Postal Code:

Hours worked:

Date Employed:

**Duties:**

**Employer:**

Supervisor:

Phone Number:

Address 1:

Address 2:

City:

State:

Postal Code:

Date Employed:

**Duties:**

**Professional References:**

**Please provide professional references.**

Name:

Phone Number:

Name:

Phone Number:

**Professional References:**

**Please provide professional references.**

Name:

Phone Number:

Name:

Phone Number:

**Additional Information:**

**What are your long-term dreams and aspirations? Please include both personal and professional goals.**



Disclosure Statement: Kristie Jo's Love, Comfort and Care LLC is an equal-opportunity employer and is committed to providing a workplace free from harassment or discrimination. All employment decisions are made without regard to race, color, religion, gender, national origin, ancestry, sex, age, handicap, marital status, sexual orientation, physical or mental disability, pregnancy, military status, or any other basis prohibited by law. IMPORTANT: All caregiver positions are considered Temporary (seasonal) due to the frail condition of our elderly clients. Continued employment is not guaranteed for any caregiver as all employment is at-will, indefinite and not for any specific period of time. This job is considered seasonal and understand that this job might end at any given notice, and no guarantee on job expectancy. (as this is the nature of our business caring for the elderly and disabled) By writing and signing YOUR NAME BELOW, you agree and hereby understand and accept this condition of employment should you be hired:

NAME \_\_\_\_\_ DATE \_\_\_\_\_

Please indicate if you would like to do HOURLY or LIVE-IN or both, also if you can do NIGHT shift or DAY shift. Please indicate if you are available for EMERGENCY ON-CALL shifts. List all the DAYS of the week and/or TIMES are you available to work?

If hired, on what date can you start work?

Are you legally authorized to work in the United States? YES or NO? Please provide your Social Security Number. (Employment is subject to verification of U.S. citizenship or authorized alien status in accordance with the Immigration Reform and Control Act of 1986 after a conditional offer of employment is made.):

Have you ever been convicted of a felony? YES or NO? Please explain. Have you ever been convicted of a misdemeanor within the past five years (other than a first conviction for drunkenness, simple assault, minor traffic violations, affray, and disturbance of the peace)? YES OR NO? Please explain. (Answering "Yes" to these questions does not constitute an automatic bar to employment. Factors such as age and time of the offense, seriousness and nature of the violation, rehabilitation and other mitigation factors will be taken into account):

Transportation: How will you get to work? If you have your own vehicle, please list your car insurance policy company and any detailed information you can include about the policy. How many traffic/driving offenses (moving violations) have you had in the last 5 years?

Have you ever been terminated or asked to resign from any job? YES or NO? If yes, please explain.

In the past, have you been disciplined for violating company policies forbidding the use of alcohol or tobacco products? YES or NO?

Past Employment: We may be contacting the employers and references listed above. If there are particular employers you do not wish us to contact, please list their name below. What were your reasons for leaving your previous positions? What were your primary duties in each respective previous position?

**Please underline the following conditions/diagnosis with which you have experience and job skills to care for a client:**

Alzheimer's, Aids, Cancer, Dementia, Diabetes, Alcoholism, Incontinence, Osteoporosis, Oxygen Administration, Catheter Care, Skin Care, Visual Impairment, Hearing Impairment, Paralyzed, Parkinson's, Amputee, Decubiti Ulcer, Stroke, Arthritis, Chemotherapy/Radiation Treatment, Fractured Hip, Hepatitis, Cataract Removal, Malnutrition, Brain Tumor, Speech Impairment, Ventilator Dependent, Quad or Para-Plegic Care, Intravenous Therapy, Congestive Heart Failure, Kidney Dialysis, Shingles, Pneumonia, Hospice. Disclaimer: This does not pertain to any personal experience as those experiences may be confidential, protected health information. :

This job may require you to transfer up to 75 pounds of dead weight from/to a bed, commode, couch, wheelchair, etc. Are you able to perform such physical tasks? YES or NO?

Please see a doctor for a physical and return the form stating you are safe to work and can perform such tasks.

