



OC Homecare Services

'Cause We Care ..

EMPLOYMENT APPLICATION

INSTRUCTIONS: If you need help filling out this application form or for any phase of the employment process, please notify the person who gave you this form and every reasonable effort will be made to meet your needs in a reasonable amount of time.

Please read "Applicant Note" below
Complete all pages of this application
Print clearly. Incomplete or illegible applications may not be accepted.
Application will be valid for 60 days

APPLICANT NOTE: This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment begins, terminating employment. All qualified applicants will receive consideration and will be treated throughout their employment without regard to race, color, religion, sex, national origin, age, disability, or any other protected class status under applicable law. Additional testing for the presence of illegal drugs in your body may be required prior to employment.

PERSONAL INFORMATION

POSITION APPLIED FOR:

APPLICANT'S NAME:

ADDRESS:

Street:

Apartment:

City:

State:

ZIP Code:

Email:

Cell Phone:

HAVE YOU EVER SUBMITTED AN APPLICATION HERE BEFORE?

IF YES, WHEN?

HAVE YOU EVER BEEN EMPLOYED HERE BEFORE?

IF YES, WHEN?



HOW DID YOU HEAR ABOUT EMPLOYMENT WITH OC HOMECARE SERVICES?

Are you able to perform the essential functions of the job for which you are applying with or without reasonable accommodation?

AVAILABILITY

Due to the nature of the business no guarantee can be made as to the schedule or the amount of hours worked.

WHAT DATE ARE YOU AVAILABLE TO BEGIN WORK?

PREFERENCES

PLEASE INDICATE ALL AREAS OF THE CITY IN WHICH YOU ARE WILLING TO WORK? North OC South OC

PLEASE COMPLETE ALL AREAS OF AVAILABILITY:

	MON	TUE	WED	THU	FRI	SAT	SUN
FROM	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>
TO	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>

PLEASE INDICATE THE TYPES OF SERVICES WHICH YOU ARE WILLING TO PROVIDE

- Companionship Housekeeping (dust/vacuum)
- Errands/Shopping/Transportation Meal Preparation Laundry/Iro
- Personal Care Activities (games/crafts) Medication Reminders
- Dementia/Alzheimer's Care

*In order to be able to provide transportation or run errands, you will be required to have a valid driver's license and current auto insurance. A motor vehicle record check will be conducted and proof of insurance will be required.



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ARE YOU WILLING TO PROVIDE SERVICE TO A CLIENT WITH A PET?

ARE YOU WILLING TO PROVIDE SERVICE TO A CLIENT THAT SMOKES?

ARE YOU WILLING TO CARE FOR A CLIENT THAT CONTRACTED/IS RECOVERING FROM COVID-19?

EDUCATION

SCHOOL TYPE	School Name	City, State	Major/Subject	# Years Attended	Graduate
High School	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Vocational/Technical	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
College/University	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

**For employment, minimum education is either a GED or high school diploma.

WORK HISTORY

Your application will not be considered unless all questions in this section are answered. Since we will make every effort to contact previous employers, the correct telephone numbers of past employers are essential.

MOST RECENT EMPLOYER

ARE YOU CURRENTLY WORKING FOR THIS EMPLOYER?

IF YES, MAY WE CONTACT?

COMPANY NAME:

CITY:

STATE:

PHONE NUMBER:

DATES EMPLOYED: FROM: TO:

JOB TITLE:



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SUPERVISOR'S NAME:

DUTIES:

REASON FOR LEAVING:

SECOND MOST RECENT EMPLOYER

COMPANY NAME:

CITY:

STATE:

PHONE NUMBER:

DATES EMPLOYED: FROM: TO:

JOB TITLE:

SUPERVISOR'S NAME:

DUTIES:

REASON FOR LEAVING:

THIRD MOST RECENT EMPLOYER

COMPANY NAME:

CITY:

STATE:



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PHONE NUMBER:

DATES EMPLOYED: FROM: TO:

JOB TITLE:

SUPERVISOR'S NAME:

DUTIES:

REASON FOR LEAVING:

SECURITY

Please be sure to complete the attached Authorization to do a criminal and motor vehicle background check. As a condition of employment, all employees must be "Bondable" and "Insurable".

ARE YOU AT LEAST 18 YEARS OF AGE?

HAVE YOU HAD ANY MOVING TRAFFIC VIOLATION?

IF YES, PLEASE DESCRIBE:

REFERENCES (Please do not include relatives)

Please complete 3 professional references. Your application will not be considered unless three references are provided. Since we will contact these references, please notify them in advance. If we are unable to reach all three references, you will be asked to provide additional references.

Full Name	Phone Number	Best Time to Call	Relationship	# Years Known
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>



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CERTIFICATION AND RELEASE: I certify that I have read and understand the Applicant Note on page one (1) of this form and that the answers given by me to the foregoing questions and statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts in this application may result in rejection of my application or discharge at any given time during my employment. I authorize the company and/or it's agents, including consumer-reporting bureaus, to verify any of this information including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools,, companies, and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies, and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I release this company from any liability which might result from making such investigations. I also understand that the use of illegal drugs is prohibited prior to and during employment. I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment. I understand that this application is not a contract of employment. My employment is contingent upon confirmation of my credentials and successful completion of drug test and criminal background check. I also understand that, if hired, regardless of any oral presentations to the contrary, the employment relationship between **OC Homecare Services** and myself is terminable at-will, so that both the company and I remain free to choose to end our work relationship at any time for any or no reason. Any changes in this employment relationship must be made in writing. My signature below acknowledges that I have read, understand, and agree to the above disclosure. I also understand that due to the nature of the business, no amount of work can be guaranteed.

APPLICANT SIGNATURE

DATE



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EMPLOYMENT VERIFICATION

To:

Address:

I, , have applied for employment at OC HOMECARE SERVICES and hereby give my authorization to release information to this agency regarding my employment.

PRINTED NAME

SIGNATURE

DATE

(For OC Homecare Services use only)

To: **OC Homecare Services**
23201 Lake Center Drive Suite 101, Lake Forest, CA 92630
Tel: (949) 338-2526
Email: Mangeles@ochomecareservices.com

Re: Employment Verification

Name of Employee: _____

Eligible for Rehire: YES NO

Dates Employed: FROM: _____ TO: _____

Status: FULL TIME PART TIME PER DIEM

EMPLOYER SIGNATURE

TITLE

DATE

If telephone verification, name of contact person: _____

Date: _____