



Please attach a colored photo (preferably passport size 2 x 2)

EMPLOYMENT APPLICATION

3660 Wilshire Blvd. Suite 226, Los Angeles, CA 90010

Tel 213-389-6588 Fax 213-383-1946 www.securehealthllc.com

WE CONDUCT BACKGROUND SCREENING, FINGERPRINT & CHECKING OF REFERENCES

Secure Healthcare is an Equal Opportunity Employer. Our decisions to hire or not hire a person are based on merit. We prohibit unlawful discrimination based on race, color, creed, gender, religion, marital status, age, national origin, age, sexual orientation or other unlawful consideration.

Date
 | |
month date year

Applicant Data	
Who referred you to us: <input type="text"/>	Pls. check position you are applying for: Caregiver _____ CNA _____ Home Companion _____ Nanny _____ Other _____
How did you hear about the job opening: Flyer <input type="checkbox"/> Internet <input type="checkbox"/> newspaper <input type="checkbox"/>	
Do you smoke YES _____ NO _____	

ANSWER WITH A YES OR NO ONLY

DID YOU FINISH HIGH SCHOOL? DO U HAVE AN ASSOCIATES DEGREE ? DO YOU HAVE A BACHELOR'S DEGREE :

First Name Middle Last Name Male/Female/Others

Address City State Zip Code

Mobile/Wireless Phone Home Phone/Alternate Phone email address

Date available to start Salary Requested/hr or per day Social Security No

Type of Employment desired: Full-time Part-time Temp Seasonal

Have you ever plead guilty, no contest or been convicted of a crime? Yes No. if yes, give dates and details:

Answering yes to these questions does not constitute an automatic rejection for employment, Date of Offense, seriousness and nature of the violation, rehabilitation and position applied for will be considered.

Summarize Your Special Skills or Qualifications: (for more space, please provide additional form) ex. Experience in handling clients with Alzheimer's or dementia, Parkinson's, cancer, Multiple Sclerosis, kidney failure, other diseases, those who are physically and mentally challenged patients, knowledge of CPR, cooking and planning meals. Ability to drive, ability to write simple correspondence, organize bills, etc

Driver's License Number (if applicable to the position): _____ State: _____

This information in this form will be given every consideration; however its receipt does not imply that a job opening is readily available. We will contact you as soon as a job opening matches your skills, your availability and requirements.

LIST ALL YOUR EMPLOYMENT FOR THE LAST 10 YEARS STARTING WITH [THE MOST RECENT](#)

(1) Dates of Employment: From _____ To _____ :
Month/year Month/ Year

Your Position

Employer /Agency Name

Address of Employer

City State Zip Code

Agency Phone Supvr Name

Duties

Starting Salary \$ Ending Salary \$

Reason for leaving:

May we contact this employer for reference? YES NO

(2) Dates of Employment: From _____ To _____ :
Month/year Month/ Year

Your Position

Employer /Agency Name Address of Employer

City State Zip Code

Agency Phone: Supvr Name :

Duties

Starting Salary \$ Ending Salary \$

Reason for leaving

May we contact this employer for reference? YES NO

(3) Dates of Employment: From _____ To _____ :
Month/year Month/ Year

Your Position

Employer /Agency Name

Address of Employer

City State Zip Code

Agency Phone: _____ Supvr Name _____ :

Duties

Starting Salary \$ Leaving Salary \$

Reason for leaving

May we contact this employer for reference? YES NO

I certify that my answers are true and correct to the best of my knowledge. I authorize to make such investigations and inquiries of my personal, employment, educational, financial and other related matters as may be necessary for an employment decision. I hereby release employers, schools or individuals from all liability when responding to inquires in connection with my application.

In the event I am employed, I understand that false misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant: ✓

Date: ✓

✓ _____
Printed Name of Applicant

MINIMUM WORK REQUIREMENTS

In order to maintain continuity of its services, SECURE HEALTHCARE has a policy in place that requires employees to render a minimum number of hours per shift or per day.

When assigning cases, the scheduling department will take into consideration your mobility and access to a vehicle, experience, skills on specific requirements by the client, and your availability and your proximity to the place of Assignment. Assignments are made according to the agency's discretion based on the client's needs and preferences.

On the schedule below, please indicate your availability. When completing this schedule, please take into consideration that we will require a minimum number of hours per shift or per day. When completing this schedule, please take into consideration that once you are placed with a client, the assignment may either be long-term, short term or a one time occurrence. We can not guarantee the actual number of hours you will be working due to circumstances beyond our

control (client's medical status has changed, client's budget has changed, client has a problem with the caregiver

Please indicate your availability on a typical week:

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUN
am	am	am	am	am	am	am
pm	pm	pm	pm	pm	pm	pm

How do you expect to get to work? Please check all that are applicable ✓

Own Car _____ Public Transportation _____ Other _____

I am available to work the following shifts: Please check all that are applicable ✓

DAYS: (7 am – 3pm) _____ EVENINGS (3pm – 11pm) _____ NIGHTS (11 pm to 7 am) _____

WEEKENDS ONLY (Saturday to Sunday) _____ WEEKDAYS ONLY (Mon to Fri) _____

Please check your preference ✓ LIVE-IN (24-hr shift) _____ LIVE OUT _____

Cities that you prefer to work in: 3. _____

1. _____ 4. _____

2. _____ 5. _____

CAN YOU WORK SATURDAYS AND SUNDAYS YES or NO Pls. circle one answer only.

Is there anything else we should know that may prevent you from fulfilling your duties as a caregiver for Secure Healthcare? ___ Yes ___ No If YES, pls. explain to interviewer.

APPLICANT'S SIGNATURE ✓ _____ DATE: ✓ _____

From the list below, please ✓ the documents that you will be able to provide as needed:

DOCUMENT NAME or TYPE	Mark with a ✓	COMMENTS OR REMARKS
Valid CA Drivers License or State ID with Photo		
Social Security Card with no restrictions		
Valid Work Permit from USCIS if applicable		
CAN, CHHA, CPR, First Aid Certificates		
List of References, names, telephone numbers Addresses whom we can verify		

Police Clearance or FBI Livescan Fingerprint)		
Medical Exam or Certificate of Health		
DMV Printout or Driving Record (only if required by the position)		

When you are accepted for employment and ready to start an assignment, you must RECEIVE READ and SIGN the following documents; otherwise your employment is not valid.

Service Agreement with Secure Healthcare LLC		
Release & Authorization Form		
Scope of Services to be Provided to Client		
Secure Healthcare Company Policies & Procedures		
W-2 or W-4 Form (for tax deduction)		

FOR OFFICE USE ONLY Interviewer's Notes: On a scale of 1 to 4, please rate the applicant:

1- YES 2- SOMEWHAT 3 – NEEDS IMPROVEMENT 4- DEFINITELY NO

1) Can applicant properly communicate or express her/his thoughts using the English language in an organized coherent manner?

2) How does the applicant's appearance and body language impress you? Neat ? _____
 experienced? _____ Substantial knowledge of care giving principles & procedures? _____
 Pays attention to details? _____
 Compassionate? _____ Loving? _____ Mature? _____ Considerate to others? _____
 Trustworthy _____ In what way _____ How often have you come
 late to work for the last 6 months _____ What is your greatest strength in care giving? _____

Reliable? _____ Sweet & Bubbly? _____ Pays attention to Details? _____
 Organized? _____ Resourceful ? _____ Can work with little supervision ? _____
 Speaks in a pleasant way _____

OVERALL SCORE OF APPLICANT _____ INTERVIEWED BY _____