



1720 Marco Polo Way, Suite #E
 Burlingame, CA 94010
 Phone (650) 343-5833 Facsimile (650) 697-7417
 info@seniorassistpeninsula.com

Application for Employment

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, disability, medical condition, national origin, or marital status.

First Name	Last Name	Date				
Address						
City				Zip Code		
Cell Phone Number			Email Address			
HCA Registry Number (If applicable)			Date of Most Recent TB Test			
Do you have computer access? If yes, please mark which location applies to you.		Yes	No	Home	Library	Other

Emergency Contact	
Name	Phone
Address	Relationship

Transportation - Many caregiver positions require the caregiver to transport a client.		
Do you have dependable transportation? YES or NO		Car Make and Model
License Plate #	Driver License #	Auto Insurance Policy #
Insurance Company	Insurance Agent Name	Insurance Agent Phone #

Availability			
Number of hours you would like to work:	Times you are available to work:	Times you are NOT available to work:	Can you be called at the last minute in case of emergency? YES or NO
Comments:			



Education			
High School	City	State	Date
College	City	State	Date
Other	City	State	Date
	Degrees/Certificates		
	Special Skills or Courses		

Experience
Discuss any training or experience working with older adults.
What would you like most about working with older adults?
What would you like least about working with older adults?

Business References			
Name	Address	Relationship/Years Known	Local Phone #
Name	Address	Relationship/Years Known	Local Phone #
Name	Address	Relationship/Years Known	Local Phone #
Personal References			
Name	Address	Relationship/Years Known	Local Phone #
Name	Address	Relationship/Years Known	Local Phone #



CERTIFICATION AND RELEASE: I certify that I have read and understand the application note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions, or misrepresentation of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer reporting bureaus, to verify any 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 also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

Signature

Date

For Office Use Only – Interview Comments

IF applicant has HCA#:
Clearance Date: go to HCA registry to find
Training verification of 3 + hours?

