



# Staff Member Application

514 North H St., Lompoc, CA 93436  
Tele 805 736-8249, Fax 805 736-8258

Name: \_\_\_\_\_ Last four Soc. Sec. Num: XXX-XX \_\_\_\_\_  
                    First                      Initial                      Last

Address: \_\_\_\_\_, \_\_\_\_\_  
                    Number                      Street                      Apt. / Space                      City                      State,                      Zip

Telephone: \_\_\_\_\_, accepts txt? Yes \_\_\_ No \_\_\_ High School diploma or GED? Yes \_\_\_ No \_\_\_

E-mail: \_\_\_\_\_. Applying for: \_\_\_ Care Giver; \_\_\_ Housekeeper; \_\_\_ Clerical.

Education After High School		
Date	School	Course or Seminar

Certifications, Licenses, Registrations, and Certificates	Number	Expiration

Begin with most recent   List your employers for the past 5 years. You may attach a resume with dates.					
From	To	Title or Description of Duties	Hrs/wk	Employer	Tele No.

Do you plan to continue any employment with your current employer? Yes \_\_\_\_\_, No \_\_\_\_\_

May we contact employers and references you have listed? - Yes \_\_\_\_\_, No. \_\_\_\_\_.

What days and hours are you available for work:

Mon.: \_\_\_\_\_ to \_\_\_\_\_      Tue.: \_\_\_\_\_ to \_\_\_\_\_      Wed.: \_\_\_\_\_ to \_\_\_\_\_      Thur.: \_\_\_\_\_ to \_\_\_\_\_

Fri.: \_\_\_\_\_ to \_\_\_\_\_      Sat .: \_\_\_\_\_ to \_\_\_\_\_      Sun.: \_\_\_\_\_ to \_\_\_\_\_

Have you applied for employment to us before this? Yes \_\_\_\_\_, No \_\_\_\_\_.

Do you have a valid, California driver's license? Yes \_\_\_\_\_, No \_\_\_\_\_.

Do you have a reliable car available for personal use travel to assignments? Yes \_\_\_\_\_, No \_\_\_\_\_.

Have you ever been convicted of any crime? Yes \_\_\_\_\_, No. \_\_\_\_\_. If so, date(s) : \_\_\_\_\_.

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**For care giver applicants only:**

Do you have any physical conditions that could limit your providing personal care or perform house work? Yes \_\_\_\_\_, No \_\_\_\_\_.

If yes, please describe your limitations: Lift a client to stand or transfer \_\_\_\_\_, Hear quiet sounds, \_\_\_\_\_

Reach over head, \_\_\_\_\_, Other: \_\_\_\_\_.

Services you desire to perform:

**Personal Care**

**Household**

- \_\_\_ Bed bath~
- \_\_\_ Grooming; hair, nails, shaving
- \_\_\_ Oral care
- \_\_\_ Dressing
- \_\_\_ Lifting to stand, transfer to chair, use commode
- \_\_\_ Care for incontinence
- \_\_\_ Respiratory care; oxygen, inhalers
- \_\_\_ Exercise, range of motion
- \_\_\_ Monitor medications
- \_\_\_ Vital signs

- \_\_\_ Simple meal preparation
- \_\_\_ Complete meal from fresh ingredients
- \_\_\_ Shopping
- \_\_\_ Transportation to appointments
- \_\_\_ Dishwashing
- \_\_\_ Vacuuming
- \_\_\_ Bed making
- \_\_\_ Change bedding
- \_\_\_ Launder clothing
- \_\_\_ Visiting (socialization)

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What wage do you expect: \$ \_\_\_\_\_ . \_\_\_\_\_ /hr.?

Have you completed this form in yourself? Yes \_\_\_\_\_ No \_\_\_\_\_.

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By sending us this application you indicate you understand and agree with the following:

- (1) The information provided here is true and complete to best of my knowledge.
- (2) The references I have listed and other people who know me have my permission to provide objective and subjective information about my performance, characteristics of my work, and my work activities.
- (3) Providing incomplete, misleading, or false information as determined by At Home Services will result in my disqualification for employment.



Yes \_\_\_\_\_, No \_\_\_\_\_ . \_\_\_\_\_

Write your name

**Submit**