




Contact information

 **Website:** <https://riseandshinehealthcare.com>
 **Phone:** 323-875-6210
323-903-6442
  **Mail:** info@riseandshinehealthcare.com (or) riseandshinehealthcare@gmail.com

1. Personal Information

First Name 2nd Last Name

Street Address Apartment

City State Zip

Home Phone Cell Phone Other

Email Address Date of Birth(dd/mm/yy)

Social security/tax ID Number Gender: Male Female

What languages do you speak?

Language

Emergency Contact

Name & Phone Number of Person to contact in the event of an emergency Local

Out-of-Area

2. Education

Formal:

Diploma Certificate Degree

Other:

Other:

Informal:

Do you have current First Aid Certification (State Level): Expiry Date:

Do you have current CPR? Expiry Date:

Have you taken a Food Safety course?

Other (Specify):

Other (Specify):

3. Restrictions

Work Limitations

List any work limitations that you may have and briefly describe:

Hearing: Yes No

Speech: Yes No

Lifting: Yes No

Health: Yes No

Physical: Yes No

Emotional: Yes No

Other: Yes No

Availability for Work

Full-time Part-time Short-notice Split Shift

Indicate Days and List Hours Available for Work:

Sunday From: To:

Monday From: To:

Tuesday From: To:

Wednesday From: To:

Thursday From: To:

Friday From: To:

Saturday From: To:

What is the minimum number of hours you will work in one day?

What is the maximum number of hours you will work in one day?

4. Type of Work Seeking

Type of Position(s) Preferred:

Home Maker Personal Care Companion Live-In Other (Specify):

Live-in care usually requires that you to in a client's home continuously for 3-4 days at a time every week. Indicate which shifts you will accept: Weekdays (Monday a.m. to Friday a.m.) Weekends: (Friday a.m. to Monday a.m.)

Clients Not Willing/Able to Work With:

Dementias/Alzheimer's	Physical Disabilities
Smokers	Pets
Mental Retardation	Females
Behavioral Disorders	Males
Elderly (over 65)	Client use of marijuana for medicinal purposes
Children	HIV Positive/Aids
Other (Specify):	

Duties Not Willing/Able to Perform:

Bathing	Housekeeping
Grooming	Laundry
Oral Care	Meal Preparation
Dressing	Shopping
Bowel Care	Transportation
Bladder Care	Medication Reminding
Feeding	Friendly Reassurance Phone Call/Home Visit
Ambulation	Other (Specify):

Indicate which of the following you have experience in:

Bathing/Showering	Housekeeping
Grooming	Laundry
Personal Hygiene	Meal Preparation
Dressing	Shopping
Bowel Care	Transportation
Bladder Care	Medication Reminding
Feeding	Friendly Reassurance Phone Call or Home Visit
Ambulation	Socialization
Toileting	Other (<i>Specify</i>):

Assignment Location:

Are you restricted in the geographical location you are willing/able to work? Yes No

Explain:

5. Transportation

Type: Private Vehicle Bus Bike Other (*Specify*):

Do you have a valid Driver's License? Yes No

Transporting Clients:

Are you willing to transport clients in your private vehicle?

Do you have adequate vehicle insurance?

Are you willing to drive a client's vehicle?

Are you willing to escort a client in their own vehicle?

Are you willing to escort a client on public transportation?

Comments:

Have you ever been investigated for abuse, neglect or domestic violence? If "yes", explain: Yes No

7. Reference Information

Work Related #1 (1ST Last Position):

Company Name:

Address:

Telephone Number:

Email Address:

Supervisor's Name:

Position Held:

Length of Employment:

Reason for Leaving:

Work Related #2 (2nd Last Position):

Company Name:

Address:

Telephone Number:

Email Address:

Supervisor's Name:

Position Held:

Length of Employment:

Reason for Leaving:

Personal #1

Name:

Address:

Telephone Number:

Email Address:

Nature of Friendship (friend, co-worker, family etc. - Other than relative):

Personal #2

Name:

Address:

Telephone Number:

Email Address:

Nature of Friendship (*friend, co-worker, family etc. - Other than relative*):

I certify that, to the best of my knowledge, the answers given are true and complete and that purposeful misrepresentation may result in rejection of my application. I authorize investigation of all statements contained in this application, as required. Additionally, I authorize former employers, references and any other individual/organizations to provide information to **Rise & Shine Healthcare LLC/Rise & Shine Homecare** and I hereby release and discharge any of the above and **Rise & Shine Healthcare LLC/Rise & Shine Homecare** from any liability of any kind or nature. I also understand that it is my responsibility to keep such information current and accurate by updating it as often as necessary

I agree to a physical examination, if requested, and understand that failure to meet any medical and/or health requirements for the position may prevent my employment with the Agency. I also understand that employment, for certain positions, may be conditional upon successful completion of a substance abuse screening test and a criminal background check

If further understand that, if hired, I may be required to provide proof that I am a citizen of the United States or proof that I am currently authorized to work in the United States.

Applicant's Signature

Date
