

Thank you for applying with Elder Options. Let us take a minute to tell you about us!

Established in Placerville in 1988, Elder Options, Inc. is a professional care management agency to help people remain independent in their homes. As an In-home Provider you will be an integral part of the care management team. In-home providers help with client supervision meal preparation, companionship, transportation, light house work, medication monitoring, transferring/ambulation, personal care and respite for family caregivers. Currently we are providing care for clients in El Dorado, Amador, eastern Sacramento and Douglas County, Nevada.

We encourage you to join our Care Team. The benefits of working for Elder Options Are:

- Working with an established, well respected agency.
- Becoming part of a Care Team led by a professional geriatric Care Manager.
- Elder Options pays all payroll taxes including Social Security as well as workers' compensations.
- We pay time and a half for all hours worked on the following holidays-(New Year's Day, Martin Luther King Day, Presidents' Day, Easter Sunday, Memorial Day, Independence Day, Labor Day, Thanksgiving, Christmas Eve, Christmas Day).
- We work around your schedule. You can choose your work hours and number of hours to work. There are positions for full time, part time, day shifts, night shifts and 24 hour live-in shifts.
- We offer Health Insurance through CalChoice after 90 days. You need to work 20 hours per week.
- Geographic diversity. We try to place you close to home to eliminate long commutes.
- We service clients of all ages from babies to elders.
- Starting pay at \$9.65 per hours with your first raise after only 300 hours! (raise contingent on a positive performance evaluation).
- Per shift rates for nights and 24 hour live-in shifts.
- 401k pension plan.
- Paid training with continuing education units available for CNA./HHA.
- Regular Employee Performance Review.
- Referral bonus.

Once you return your completed application, your work related & personal references will be checked. If approved, you will be called for an interview. If you accept employment with us, our Care Management Department will begin looking for appropriate work assignments that will meet your requested schedule. Staff will offer you the position and you will have the opportunity to accept or decline the offer. When you accept a position, paperwork regarding the job, a map to the client's home and a work schedule will be sent to you as part of the care management team.

Do you have additional questions? Call Placerville 530-626-6939 or Tahoe 530-541-1812 and talk to one of our administrative staff. We look forward to receiving your completed application soon!

Elder Options, Inc.

PROFESSIONAL CARE MANAGEMENT

82 Main Street

Placerville Ca 95667

530-626-6939

800-336-1709

Fax

530-626-5105

In-Home Provider Application

Please complete this application thoroughly. Return copies of the following along with this application:

- _____ Valid Drivers License or Picture ID Card.
- _____ Social Security Card
- _____ Recent DMV Report
- _____ Proof of Auto Insurance (only required if you will be providing transportation)
- _____ *Proof of a Negative Result from a Recent TB Test (see addendum for hardship)
- _____ Copies of all your Professional Licenses
- _____ If you are CPR certified include a copy of your card

I authorize investigation of all statements contained in this application. **I understand that falsification, misrepresentation, or omission of requested facts will result in immediate dismissal or removal of my application from consideration.** I authorize Elder Options to secure information about my experience, releasing all parties from any liability arising there from.

I understand that having a pre-employment investigation conducted is a condition of my employment and that although I may be offered and begin working for the company, Elder Options reserves the right to terminate me from the position if information discovered during my pre-employment investigation makes me unsuitable to continue in that position.

I understand that all offers of employment are conditioned on the provision of satisfactory proof of identity and legal authority to work in the United States.

I certify that I have read and understand the forgoing, and to the best of my knowledge and belief the information on this form is true and correct.

NOTE: As an employee of Elder Options, Elder Options is responsible for worker's compensation, social security, and all payroll taxes.

INSTRUCTIONS: In order for your application to be properly evaluated, it is essential that all of the following questions be answered carefully and completely. If you need more space for your answers, please attach a separate sheet. Please feel free to add any additional information which will help us in placing you where you are best qualified. Please print in ink. Read all parts of this application carefully. **Incomplete applications will not be processed.** This is not an employment contract. **ALL QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION WITHOUT DISCRIMINATION BECAUSE OF GENDER, MARITAL STATUS, PREGNANCY, RELIGION, RACE, AGE, CREED, NATIONAL ORIGIN, PRESENCE OF DISABILITIES, SEXUAL ORIENTATION, ANCESTRY, OR ANY OTHER STATUS PROTECTED BY LAW. TESTING FOR THE PRESENCE OF ILLEGAL DRUGS IN YOUR BODY MAY BE REQUIRED PRIOR TO EMPLOYMENT.**

Signature: _____ Date: _____

*Applicants please note:

Completing a TB test is part of our requirements for all new applicants.

If you have not had a TB test in the last year, and you do not have a regular doctor, below is a list of services which may help you:

* Public Health Dept., \$25 fee, by appointment only, call 530-621-6118

*Community Health Clinic in Placerville (sliding scale, low income, uninsured) 530-621-7700

*Rapid-Care, Shingle Springs, \$40 TB Test, call (530) 676-8234

*Tahoe Health and Human Services Office 530-546-1900

*Sacramento Health and Human Services call (916) 464-1580 for a list of low cost TB test providers in your area.

Note , this fee is tax deductible. New policy as of 2/1/12: In special circumstances, should the TB Test expense be a hardship, you may wait until we invite you to interview but before the background screening to complete the TB Test only. Please make this 'hardship' notation next to the TB Test check mark on your application checklist.

DMV Report: You may contact your auto insurance carrier, and some may give you a DMV report for free. If your insurance carrier does not provide this service, then you will need to go to your local DMV office and request one, estimated \$5 fee. This report is required for all applicants, no exceptions.

Social Security Number _____

Personal Information:		Home Phone: _____
Name: _____		Other Phone: _____
Current Address: _____		
Mailing Address: _____		
Previous Address: _____		
Date of Birth: _____	Place of Birth: _____	
Emergency Contact Name: _____		Phone: _____
Address: _____		

Security Information:
How did you hear about Elder Options? _____
Automobile Insurance Carrier: _____ Policy Number: _____
Have you had any moving traffic violations? _____ Yes _____ No
Please describe: _____
Have you ever been convicted of a misdemeanor? _____ Yes _____ No
If yes, when and where? _____
Have you ever been convicted of a felony? _____ Yes _____ No
If yes, when and where? _____
<small>NOTE: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position applied for may however be considered.</small>
Have you ever used any names or social security numbers other than those on this application? If so list. _____

Education:

High School: _____ Graduate? ____ Yes ____ No
College or Trade School: _____ Graduate? ____ Yes ____ No
Are you a CNA? ____ Yes ____ No Are you a HHA? ____ Yes ____ No License# _____
Are you CPR trained? ____ Yes ____ No Current? ____ Yes ____ No
Are you first aid trained? ____ Yes ____ No Current? ____ Yes ____ No

Job Related Skills:

Describe any training you have had that applies to service and/ or care for the elderly /or disabled:

What interest you most in working with older adults?

What do you find most difficult in working with older adults?

Please describe your education and training with assisting clients that require transferring.

Are you interested in working with children or young disabled adults? Please explain:

Health Questions:

Date of last TB test or x-ray: _____ Results: _____ Positive _____ Negative _____

Please read the following job descriptions for In-Home Care Provider. Do you feel that you have any physical limitations that will prohibit you from accomplishing the tasks associated with the job?

_____ Yes _____ No _____ Initial

If yes, please explain: _____

An in-home provider is a paraprofessional who provides assistance in and support for living in a home setting. **The primary responsibility of the employee is to provide supervision and safety to the client.** The provider may perform personal care and home management services that enable the elderly, ill or person with disabilities to live in a home setting.

Additional responsibilities of an in-home provider may include:

- Supervision of the clients safety;
- Feeding and dressing the client;
- Housekeeping tasks such as light housework, laundry, purchasing and preparing food;
- Personal hygiene tasks including assisting with bathing, grooming, toileting and dressing/undressing;
- Assisting clients with hands on or supervision of ambulation and transfers;
- Helping with prescribed exercises and assisting with medication reminding and monitoring;
- Transportation as needed to doctor's appointments, grocery store and errands and outings;
- Respite for the primary caregiver and companionship for the client.

Availability

Please indicate the type of work you would prefer:

_____ Full Time ___ Part Time ___ Days ___ Nights _____ Live-in (24 hr. shift)

Approximately how many hours per week do you wish to work? _____

List the days and hours you wish to work: _____

NOTE: Elder Options will do everything possible to accommodate your scheduling needs, but we cannot guarantee that we will be capable of providing the hours requested.

Services

Please check the services you are willing to provide:

- | | |
|--|---|
| _____ Supervision | _____ Feeding |
| _____ Companionship | _____ Laundry |
| _____ Meal Preparation | _____ Transportation |
| _____ Walking/Standing assistance | _____ Heavy Housework |
| _____ Dressing Assistance | _____ Light Housework |
| _____ Personal Care (showering, incontinence, etc) | _____ Transfers to and from wheelchair, bed, etc. |

Do you have any reservations providing services to a client with a pet(s)? _____ Yes _____ No

Do you smoke? _____ Yes _____ No Are you willing to work with a client who smokes? _____ Yes _____ No

Applicant name: _____

Personal References

NOTE: References from family member not accepted

Name: _____ Relationship _____
Address: _____
City: _____ State: _____ Zip: _____ Best time to call: _____
Number of years acquainted _____ Phone# Day _____ Eve _____
Name: _____ Relationship _____
Address: _____
City: _____ State: _____ Zip: _____ Best time to call: _____
Number of years acquainted _____ Phone# Day _____ Eve _____
Name: _____ Relationship _____
Address: _____
City: _____ State: _____ Zip: _____ Best time to call: _____
Number of years acquainted _____ Phone# Day _____ Eve _____

Employment History

List all employment including business and caregiving for the last 5 years. Start with your current or last position

<p>From _____ To _____ Phone # () _____</p> <p>Company/Client Name _____ Position Held _____</p> <p>Address _____</p> <p>Supervisors Name _____ Reason for leaving _____</p>
<p>From _____ To _____ Phone # () _____</p> <p>Company/Client Name _____ Position Held _____</p> <p>Address _____</p> <p>Supervisors Name _____ Reason for leaving _____</p>
<p>From _____ To _____ Phone # () _____</p> <p>Company/Client Name _____ Position Held _____</p> <p>Address _____</p> <p>Supervisors Name _____ Reason for leaving _____</p>
<p>From _____ To _____ Phone # () _____</p> <p>Company/Client Name _____ Position Held _____</p> <p>Address _____</p> <p>Supervisors Name _____ Reason for leaving _____</p>
<p>From _____ To _____ Phone # () _____</p> <p>Company/Client Name _____ Position Held _____</p> <p>Address _____</p> <p>Supervisors Name _____ Reason for leaving _____</p>

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Background Check Authorization & Release Form

I hereby AUTHORIZE Elder Options, Inc. and its designated agents and representatives to conduct a comprehensive review of my background. This report is to be generated for employment purposes only. You may not be hired based upon this report. You may dispute items that you feel that are erroneous.

I understand that the scope of this report may include, but is not limited to the verification of:

- Social Security Number
- Current and Previous Residences
- Criminal History Records

I release Elder Options from any liability or claims that I may have which arise or result from any reference provided pursuant to this authorization or any authorized disclose there of.

Applicant Signature

Date

Print Name:

Former Names:

Current Address Since:

Date

Street

City

State

Previous Address From:

Date

Street

City

State

Social Security Number:

Date of Birth:

Driver's License: