



**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 credentialed Aging Life Care Manager.
- Elder Options pays all payroll taxes including Social Security, Medicare, SDI & workers' compensation.
- We pay time and a half for all hourly jobs worked on the following holidays-(New Year's, Martin Luther King, Presidents' holiday, Easter Sunday, Memorial Day, Independence Day, Labor Day, Thanksgiving, Christmas Eve, and 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 employer subsidized Health Insurance (65% paid) after 60 days of employment and working 30 hours per week.
- We offer Vision, Chiropractic, and dental insurance.
- We offer Long Term Care Insurance (*currently on hold*)
- Mileage Reimbursement for distance travel.
- Geographic diversity. We try to place you close to home to eliminate long commutes.
- We assist clients of all ages from babies to elders under several programs.
- Starting pay at \$11.25 per hour.
- Hourly and Overtime for all shifts worked over 9 hours per day/40 per week.
- Matching 401k pension plan with employer contribution (Safe Harbor match)
- Paid training with continuing education units available for CNA/HHA.
- Regular Employee Performance Review.
- Referral bonus.
- Employer Paid Background Check

Once you return your completed application, your work related and 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
2074 South Lake Tahoe Blvd. #7, South Lake Tahoe
530-626-6939, 530-541-1812, 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:

<input type="checkbox"/>	Valid Driver's License or Picture ID Card.
<input type="checkbox"/>	Social Security Card
<input type="checkbox"/>	Recent DMV Report
<input type="checkbox"/>	Proof of Auto Insurance (only required if you will be providing transportation)
<input type="checkbox"/>	*Proof of a Negative Result from a Recent TB Test (see addendum for hardship)
<input type="checkbox"/>	Copies of all your Professional Licenses
<input type="checkbox"/>	*Copy of CPR certification (*must have completed within first month of hire)

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: _____

TB Test: 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 530-621-6100
- 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.

CPR Certification: You have 30 days after initiation of employment to obtain your CPR certification. EO will reimburse \$25.00 toward your training. For a list of training facilities, contact the office.

--

Personal Information:

Name: _____ Home Phone: _____
 Other Phone: _____
 Current Address: _____
 Mailing Address: _____
 Email 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
 If yes, please describe:

Elder Options requires all new employees to have a Background Investigation completed satisfactorily prior to accepting employment with the company (See pg. 8-9.) Are there areas of concern around a Background Investigation report? Yes No

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.

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 (not required but encouraged)

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 or disabled persons?

What do you find most difficult in working with older or disabled persons?

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

Are you interested in working with children or young disabled adults? (Training is provided.) 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 (Always)
- Feeding and dressing the client (As indicated)
- Housekeeping tasks such as light housework, laundry, purchasing and preparing food (As indicated)
- Personal hygiene tasks including assisting with bathing, grooming, toileting and dressing/undressing (As indicated)
- Assisting clients with hands on or supervision of ambulation and transfers (As indicated).
- Helping with prescribed exercises and assisting with medication reminding and monitoring (As indicated)
- Transportation as needed to doctor's appointments, grocery store and errands and outings (As indicated)
- Respite for the primary caregiver and companionship for the client (As indicated)

Availability

Please indicate the type of work you would prefer: (check all that apply)

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

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

Are you willing to work weekends? _____ Which day(s)? _____ Occasionally? _____

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. The more flexibility you have, the more work we can give you.

Services

Please check the services you are willing to provide: (Training is available.)

- | | |
|---|--|
| <input type="checkbox"/> Supervision | <input type="checkbox"/> Feeding |
| <input type="checkbox"/> Companionship | <input type="checkbox"/> Laundry |
| <input type="checkbox"/> Meal Preparation | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Walking/Standing assistance | <input type="checkbox"/> Heavy Housework |
| <input type="checkbox"/> Dressing Assistance | <input type="checkbox"/> Light Housework |
| <input type="checkbox"/> Personal Care (showering, incontinence, etc) | <input type="checkbox"/> 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: _____

Date: _____

Personal References

NOTE: References from family member not accepted

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

Employment History

List all employment including business and caregiving for the last 5 years.

Start with your current or last position

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

**DISCLOSURE AND AUTHORIZATION FORM
TO OBTAIN CONSUMER REPORTS FOR EMPLOYMENT PURPOSES**

Please Read Carefully Before Signing the Authorization

DISCLOSURE

In considering you for employment and, if you are employed, in considering you for subsequent promotion, assignment, reassignment, retention, or discipline, **Elder Options, Inc.** ("the Company") will request and rely upon one or more consumer reports or investigative consumer reports about you that we obtain from a consumer reporting agency, such as IntelliCorp Records, Inc. or a LiveScan report.

For explanation purposes:

- a "consumer report" is a written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in making an employment-related decision about you. Such information may include, for example, credit information, criminal history reports, or driving records; and
- an "investigative consumer report" is a consumer report in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your prior employers, neighbors, friends, or associates, or with others who may have knowledge concerning any such items of information. In the event an investigative consumer report is requested about you, you are entitled to additional disclosures regarding the nature and scope of the investigation requested, as well as a written summary of your rights under the Fair Credit Reporting Act ("FCRA").

Under the FCRA, before the Company can obtain a consumer report or investigative consumer report about you for employment purposes, we must have your written authorization. Before we take adverse action on the basis, in whole or in part, of information in that report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.

BACKGROUND CHECK AUTHORIZATION FORM ELDER OPTIONS, INC

As part of the employment process, **ELDER OPTIONS, INC.** will obtain an Investigative Consumer Report. The following Consumer Reporting Agency will prepare the report:

Intellicorp, PO Box 27903, New York, NY 10087-7903

Print Name: _____
(First) (Middle) (Last)

Former Name(s) and Dates Used: _____

PLEASE PROVIDE ALL ADDRESSES YOU HAVE USED FOR THE PAST SEVEN YEARS, INCLUDING ZIP CODE.

Current Address Since: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

Social Security Number: _____ **DOB:** _____

Telephone Number: _____ **Driver's License Number/State:** _____

Email Address _____
(a copy of report will be emailed to you at this address)

The information contained in this application is correct to the best of my knowledge. I have read and understand the foregoing Disclosure, and authorize **ELDER OPTIONS, INC.** to obtain and rely upon consumer reports or investigative consumer reports in considering me for employment and, if I am employed, in considering me for subsequent promotion, assignment, reassignment, retention, or discipline. By my signature below, I authorize **ELDER OPTIONS, INC** to obtain any such reports and to share the information received with any person involved in the employment decision about me.

I understand that the scope of the investigative consumer report may include, but is not limited to the following areas: verification of social security number; current and previous residences; employment history, education background, character references; civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; birth records, and any other public records.

ELDER OPTIONS, INC. and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Signature: _____ **Date:** _____