



Jewish Family Service of Los Angeles

PERSONAL CARE ASSISTANT APPLICATION

JFS Care is an Equal Opportunity Employer

INSTRUCTIONS AND INFORMATION

To be considered for employment with JFS Care, you must complete this application in full, with complete and correct information. Failure to do so may result in disqualification from consideration for hire.

Thank you for your interest in employment with JFS Care. All applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, age, disability, veteran status, military status or obligations, genetic information and any other characteristic protracted by law.

PLEASE PRINT

Today's Date: _____ Your Full Name: _____

Current Address: _____

Mailing Address: _____

Home Phone: _____ Cell: _____

Email Address: _____

Driver's License Number# _____ State _____

Days and Hours you are looking for (check the day of the week and the hours you can work next to that)

Monday: Hours _____

Tuesday: Hours _____

Wednesday: Hours _____

Thursday: Hours _____

Friday: Hours _____

Saturday: Hours _____

Sunday: Hours _____

Do you have Certification's or training in Caregiving Services? If yes please list your certifications and provide copies so that we may include them in your file.

Certifications: _____

CPR Certification Date: _____

First Aide Certification Date: _____

TB Test Date: _____

Languages you speak: _____

Do you like pets? YES or NO If yes are you willing to assist with Pets? _____

Please let us know if you have any phobias or fears that would prevent you from working with a client:

Tells us about your hobbies and or things you enjoy doing: _____

If you will be driving for clients, what type of car you drive, (Make / Model) _____

Does your vehicle have all required safety equipment? _____

EMPLOYMENT HISTORY

List below all Present and Past Employment starting with most recent (10 years is sufficient). JFS Care does verify references.

Name of Employer: _____
Type of Job: _____
Address of Employer: _____
Telephone Number: _____
Date of Employment: From _____ To _____
Reason for leaving? _____

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Are you in the Military or Have you served in the Military: YES or NO
If yes what Branch of the Military did you serve in: _____

Personal References: List three people not related to you who have knowledge of your work performance and professional character within the last 3 years.

- 1. Full Name: _____ Phone #: _____
- 2. Full Name: _____ Phone #: _____
- 3. Full Name: _____ Phone #: _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES or NO

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were

Committed, sentence(s) imposed, and type(s) of rehabilitation. _____

APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize JFS Care to verify their accuracy and to obtain reference information on my work performance. I hereby release JFS Care from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Employer may terminate my employment at any time with or without notice or cause.

Signature of Applicant _____ Date: _____