



EMPLOYMENT APPLICATION

Please EMAIL completed applications to:
info@librahomecareservices.com

INSTRUCTIONS: If you need help filling out this application form or for any phase of the employment process, please notify the person who gave you this form and every reasonable effort will be made to meet your needs in a reasonable amount of time.

Please read "Applicant Note" below.

Complete all pages of this application.

Print clearly. Incomplete or illegible applications may not be accepted.

If more space is needed to complete any question, use comments section on the back.

Application will be valid for 60 days.

APPLICANT NOTE: This application form is intended for use in evaluating your qualifications for employment with us, an independently owned and operated Homecare Company. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment begins, terminating employment. All qualified applicants will receive consideration and will be treated throughout their employment without regard to race, color, religion, sex, national origin, age, disability, or any other protected class status under applicable law. A live scan screening and current TB Test results will also be required before employment begins.

PERSONAL INFORMATION

Today's Date: _____

Positions(s) Applied For: _____

Name: _____
Last First Middle

Current Address: _____
Street City State Zip Code

Home Phone: (____) _____ Work Phone: (____) _____

Cell Phone: (____) _____ Alternate Phone: (____) _____

Email Address: _____

Emergency Contact(s): _____ (____) _____
Name Phone

_____ (____) _____
Name Phone

Valid Driver's License #: _____ State Issued: _____ Exp. Date: _____

Make & Model of Vehicle: _____ Year of vehicle: _____

Auto Insurance Co: _____ Policy # _____ Exp. Date: _____

Have you ever submitted an application here before? **Yes / No** If yes, when? _____

Have you ever been employed here before? **Yes / No** If yes, when? _____

How did you hear about Libra Homecare Services? _____

Have you been given a copy of the job description for the position for which you have applied to review? **Yes / No**

Are you able to perform the essential functions of the job for which you are applying with or without a reasonable accommodation? **Yes / No**

Why are you interested in employment with us? _____

AVAILABILITY

Due to the nature of the business, no guarantee can be made as to the schedule or the amount of hours worked.

What date are you available to begin work? _____

Please complete all areas of availability:

_____ Mornings _____ Afternoon _____ Evenings _____ Overnights _____ Weekdays _____ Weekends
_____ 24 Hour _____ Fill-in Shifts

Please indicate the days of the week as well as the earliest and latest times that you are available for work.

		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Shift	From:							
	To:							

PREFERENCES

Please indicate all areas of the city in which you are willing to work:

___ Orange County ___ LA County

Please indicate the types of services which you are willing to provide:

<input type="checkbox"/>	Companionship	<input type="checkbox"/>	Housekeeping (dust/vacuum)	<input type="checkbox"/>	Errands/Shopping/Transportation*
<input type="checkbox"/>	Meal Preparation	<input type="checkbox"/>	Laundry/Ironing	<input type="checkbox"/>	Personal Care
<input type="checkbox"/>	Activities (games/crafts)	<input type="checkbox"/>	Medication Reminders	<input type="checkbox"/>	Dementia/Alzheimer's Care

**In order to be able to provide transportation or run errands, you will be required to have a valid driver's license and current auto insurance. A motor vehicle record check will be conducted and proof of insurance will be required.*

Are you willing to provide service to a client with a pet? Yes / No If yes, which ones: ___ Cats ___ Dogs

Are you willing to provide service to a client that smokes? Yes / No

JOB RELATED SKILLS

Describe any training or life skills you have that apply to caring for a client: _____

Describe any work history you have that would apply to caring for a senior: _____

What do you like (or think you would like) most about working with older adults? _____

What do you like (or think you would like) least about working with older adults? _____

What personal rewards do you get from working with seniors? _____

EDUCATION

Please circle highest grade completed:

Grade School: 6 7 8 High School: 9 10 11 12 College: 13 14 15 16 16+

School Type	School Name	City, State	Major/Subject	# Yrs Attended	Graduate
High School					Y / N
Vocational/Technical					Y / N
College/University					Y / N

WORK HISTORY

Your application will not be considered unless all questions in this section are answered. Since we will make every effort to contact previous employers, the correct telephone numbers of past employers are essential.

Address: 7186 Melrose St, Buena Park, CA 90621

Phone: (714) 276-0026

Email: info@librahomecareservices

MOST RECENT EMPLOYER

Are you currently working for this employer? **Yes / No** If yes, may we contact? **Yes / No**

Company Name

City

State

(_____)_____
Phone Number

Dates Employed: From _____ to _____
Job Title

Supervisor's Name

Duties

\$ _____ per _____
Salary (Hour, Week, Month)

Reason for Leaving

SECOND MOST RECENT EMPLOYER

Company Name

City

State

(_____)_____
Phone Number

Dates Employed: From _____ to _____
Job Title

Supervisor's Name

Duties

\$ _____ per _____
Salary (Hour, Week, Month)

Reason for Leaving

THIRD MOST RECENT EMPLOYER

Company Name

City

State

(_____)_____
Phone Number

Dates Employed: From _____ to _____
Job Title

Supervisor's Name

Duties

\$ _____ per _____
Salary (Hour, Week, Month)

Reason for Leaving

Are you at least 18 years of age? **Yes / No**

Have you had any moving traffic violations? **Yes / No** If yes, please describe: _____

Have you been charged/convicted of a felony and/or misdemeanor/or served time **Yes / No** If yes, please describe:

Incident

City/State

Charge

1) _____

2) _____

Have you ever been a charged perpetrator or appeared on any child abuse registry in the last 5 years? **Yes or No.**

REFERENCES (Do not include relatives)

Please complete all six references. Your application will not be considered unless three references are provided. Since we will contact these references, please notify them in advance. If we are unable to reach all 3 references, you will be asked to provide additional references.

Full Name	Phone Number	Best Time of Day to Call	Relationship	Number of Years Known
1)	H () W ()	AM / PM AM / PM		
2)	H () W ()	AM / PM AM / PM		
3)	H () W ()	AM / PM AM / PM		

CERTIFICATION AND RELEASE: I certify that I have read and understand the applicant note on page one (1) of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer-reporting bureaus, to verify any of this information including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I release this company from any liability which might result from making such investigations. I also understand that the use of illegal drugs is prohibited during employment. I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

I understand that this application is not a contract of employment. I also understand that if hired, regardless of any oral presentations to the contrary, the employment relationship between myself and Grace Care Management, is terminable at-will, so that both the company and I remain free to choose to end out work relationship at any time for any or no reason. Any changes in this employment relationship must be made in writing. My signature below acknowledges that I have read, understand, and agree to the above disclosure. I also understand that due to the nature of the business, no amount of work can be guaranteed.

APPLICANT SIGNATURE

DATE



EMPLOYMENT AGREEMENT

This agreement is made and entered into on _____ (date) for services to be provided to the clients of **LIBRA HOMECARE SERVICES LLC**, hereinafter referred to as the *Agency*, and _____, hereinafter referred to as the *Employee*. This agreement is made and entered into with respect to the following facts and circumstances.

LIBRA HOMECARE SERVICES LLC, as sole primary provider, should accept the patient for care.

1. That the Agency is a licensed Home Care Agency that provides licensed or certified personnel to render services to Agency's clients in their place of residence and in the geographic area as specified in the Agency's Policies and Procedures served by the Agency. Only the Agency may accept clients for care by the Agency.
2. That the Employee is a _____ (position in the agency), experienced and duly qualified and/or certified to perform and render services in the State of California. Employee's license and/or certificate number is (if any) _____.
3. That the Agency offered to engage the services of the Employee to render services to the Agency's clients in their places of residence and the Employee has accepted the offer of \$_____ per _____ and \$_____ per mileage if applicable.
4. That the Employee shall be available to arrange his/her schedule according to the needs of the Agency's clients and shall conform to all applicable policies of the Agency and the Job Description. The staff must notify the Agency of their weekly schedule every Monday and any change in their schedule.
5. Employee is required to participate in patient case conferences, either at the Agency case conference days held on the payroll days or via teleconferencing, when providing ongoing service to patients (teleconferencing will be done without additional charge to Agency). Employee is required to notify the Agency if unable to attend the case conference, provides a verbal report on current clients, and documented communications as coordination of care. Agency is responsible for notifying Employee when the date or times of the patient case conference changes.
6. The Agency reserves the right to assign and/or reassign clients to and from Employee.
7. The Agency reserves the right to assign other qualified staff to any client in accordance with the acuity of the client.
8. The Employee must give two weeks notice to the Agency to reassign the client if the Employee cannot make it for scheduled days off or vacation.
9. The Agency shall provide an orientation program for all employees. Paperwork orientation will be done by the owner or nurse assign.
10. The Employee, where appropriate, shall report all changes in the client's condition.
11. The Employee must provide and carry a cell phone at all times and must acknowledge his/her cell phone within twenty (20) minutes of the contact.
12. The Agency reserves the right to terminate the contract with an Employee who violates this rule three times.
13. The payment to the Employee shall be in accordance with the payroll schedule of the Agency. The payments include all services rendered.
14. All information owned by the Agency, including but not limited to records, data, processes, and methods which have great value to the Agency and upon which the Agency business is predicted, shall remain confidential and cannot be used by the Employee except as authorized by law. In compliance with client information confidentiality, all clients' records including duplicate copies must be returned to the Agency when the Employee is no longer employed by the Agency.

15. Employee shall not practice Conflict of Interest and must confirm that neither him/her nor any of his/her relatives, nor any business which he/she is associated with, have any personal or business interest in or potential for personal gain from any of the organizations or services linked to **LIBRA HOME CARE SERVICES LLC**.

EMPLOYEE REQUIREMENTS

16. Employee is responsible for completing and submitting evidence of the following to Agency (at no additional charge to Agency) prior to providing any care on an ongoing basis:

- a. Social Security Card
- b. Proof or permit to work in the USA (I-9 form)
- c. Current and valid State issued Driver License
- d. Evidence of automobile insurance
- e. Health exam no more than six (6) months old
- f. Current BLS/CPR card
- g. Evidence of malpractice insurance or professional liability insurance
(1 million dollars per case / \$3M aggregate) for contracted Employees
- h. Employee must submit and keep current all documents with expiration dates including but not limited to Driver's License, Professional License, Car Insurance, Malpractice Insurance, NSO, BLS/CPR provider card, and annual Health Exam
- i. Employee must understand, agree, and acknowledge receipt of the Agency's Policies and Procedures re: Dependent Child and/or Elder Abuse, Statement on Anti-Sexual Harassment, Grooming and Dress Code, Drug and Alcohol Free Workplace

SIGNATURES

In witness hereof, the Administrator who represents the Agency and the Employee hereto have signed this Employment Agreement, and this agreement will remain in effect until such time as either party decided to terminate the agreement by giving a written two (2) weeks notice or enforcing the provision of the Employment-At-Will Policy of the Agency.

Administrator Name: _____

Administrator Signature: _____

Employee Name: _____

Employee Signature: _____

