



Never Alone Assisted Living

Employment Application

An Equal Opportunity Employer

We consider applicants for all positions without regard to race, color, sex, religion, national origin, age, marital or veteran status, the presence of non-job related medical conditions or disabilities or any other legally protected status.

First Name: _____ Last Name: _____ Today's Date _____

Email: _____

Are you legally eligible to work in this country? Yes ___ No ___

Are you over 18 years of age? Yes ___ No ___

Phone Number (Cell): _____

Home Address: _____ Apt#: _____ City: _____

Zip Code: _____ Do you have a car: Yes ___ No ___ Make _____ Model _____

Do you have a Driver's License: Yes ___ No ___ Car insurance: Yes ___ No ___

Emergency Contact Name _____ Phone Number _____

This job may require some lifting, bending and stretching. Are you able to perform the essential functions of the position for which you are applying either with or without reasonable accommodations? Yes ___ No ___

Do you have a weight restriction for lifting people? Yes ___ No ___ If Yes, give weight limit or range: _____

Do you have allergies to pets? Yes ___ No ___ if Yes: Dog ___ Cat ___ Bird ___

Are you a US Veteran? Yes ___ No ___ Are you accepting SNAP benefits? Yes ___ No ___

Check if you currently or have been trained through: WOTC ___ ESE ___ EDD ___

Skills: Alzheimer's ___ Bed Patient care ___ Bed Bath ___ Catheter ___ Cancer ___ CHF ___ Colostomy ___ Companionship ONLY ___

Cooking ___ COPD ___ Dementia ___ Diabetes ___ Diapers/Depends ___ Emphysema ___ Hip Replacement ___ Hospice ___

Hoyer Lift ___ Housekeeping ___ Parkinson's ___ Shower ___ Stomach Tube ___ Stroke ___ Transfer Bed ___ Walker Assist ___

Transfer with Assistance ___ Wheelchair Transfer ___

Do you smoke? Yes ___ No ___ Will you work with a client that smokes? Yes ___ No ___

Will you drive a client in your car? Yes ___ No ___ Will you drive a client in their car? Yes ___ No ___

How did you hear about Never Alone? _____

Please Check what shifts you are interested in: Hours Preferred: 4 hrs ___ 8 hrs ___

Day's Preferred: Sun ___ Mon ___ Tue ___ Wed ___ Thurs ___ Fri ___ Sat ___

Times during day: Morning ___ Afternoon ___ Night ___ Hours preferred: _____

Counties & Cities you are willing to work in or travel too: _____

Hourly Pay Rate Desired: _____

Are you, or have you ever been on Workers Compensation? If so; please give Date: _____

Explain Injury: _____

Beginning 1/1/16 The California Department of social Services, Home Care Services Bureau REQUIRES that you complete a registration process before we can hire you. This includes a fingerprint clearance, statement of prior convictions, TB Clearance and registration on the Home Care Aide Registry. We assist you in that process, then once accepted by CDSS/HCSB, we then begin our process of hiring.

Do you have copies of these documents? Please provide them, if possible:	
CNA license	CHHA
TB results	CPR/First Aid