



# Genki HomeCare EMPLOYMENT APPLICATION

1260 Third Ave., Chula Vista, CA 91911  
Phone (858) 699-7020 • Fax (619) 498-3989  
E-mail: info@genkihomecare.org  
Web: www.genkihomecare.org

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_, Cell Phone: \_\_\_\_\_, Email: \_\_\_\_\_

Preferred Contact Method (Check all that apply): Home Phone , Cell Phone , Email

Have you applied to Genki HomeCare in the past? Yes No  
If yes, give date(s), position(s), and outcome(s)? \_\_\_\_\_

Do you have any family member(s) and/ or relative(s) who work for Genki HomeCare? Yes No  
If yes, name(s) \_\_\_\_\_

How did you know about us?

- Heard from a Genki member : name of the member \_\_\_\_\_,
- Heard from a Kiku Gardens related member : name of the member \_\_\_\_\_,
- Heard from a client or his/her related person : name(s) of the client (and the person if applicable) \_\_\_\_\_,
- Our Web , Ads  - the name of the media \_\_\_\_\_, Other  \_\_\_\_\_

### EMERGENCY CONTACT:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### RECORDS:

Are you at least 18 years old?	Yes	No
Do you have proof of your eligibility to work in the U.S.?	Yes	No
Do you have your valid social security number in the U.S.?	Yes	No
Do you consent to fingerprinting and background check?	Yes	No
Do you have your valid Driver License in the U.S.?	Yes	No
Do you have your valid car insurance in the U.S.?	Yes	No
Do you have a car?	Yes	No

### AVAILABILITY:

On what date will you be able to start to work? \_\_\_\_\_

Please indicate your preferred days and hours of availability:

Monday	From	_____	to	_____
Tuesday	From	_____	to	_____
Wednesday	From	_____	to	_____
Thursday	From	_____	to	_____
Friday	From	_____	to	_____
Saturday	From	_____	to	_____
Sunday	From	_____	to	_____

How far are you comfortable to commute? \_\_\_\_\_ miles from your place or \_\_\_\_\_ -minute driving.

In what language(s) are you fluent? \_\_\_\_\_

**SKILLS:**

**Have you assisted or performed the following tasks for seniors?**

Companionship:	Yes	No	Change Clothes:	Yes	No
Bathing/ Showering:	Yes	No	Grooming:	Yes	No
Transfer:	Yes	No	Laundry:	Yes	No
Driving:	Yes	No	House Cleaning:	Yes	No
Dementia Care:	Yes	No	Cooking:	Yes	No
Incontinent/ Peri Care:	Yes	No	Bed Linen Changes:	Yes	No
Lifting:	No lifting	25 lbs or less	25-50 lbs	50-75 lbs	75 + lbs

**Are you willing to perform the following tasks for seniors?**

Companionship:	Yes	No	Change Clothes:	Yes	No
Bathing/ Showering	Yes	No	Grooming:	Yes	No
Transfer:	Yes	No	Laundry:	Yes	No
Driving:	Yes	No	House Cleaning:	Yes	No
Dementia Care:	Yes	No	Cooking:	Yes	No
Incontinent/ Peri Care:	Yes	No	Bed Linen Changes:	Yes	No
Lifting:	No lifting	25 lbs or less	25-50 lbs	50-75 lbs	75 + lbs

**COMPUTER SKILL:**

- Microsoft Office: Word  Excel  Access  PowerPoint
- Apple Mac  Others \_\_\_\_\_

**EDUCATION:**

High School: \_\_\_\_\_

Name & Location	Graduation Date	Major/Degree
-----------------	-----------------	--------------

College: \_\_\_\_\_

Name & Location	Graduation Date	Major/Degree
-----------------	-----------------	--------------

College: \_\_\_\_\_

Name & Location	Graduation Date	Major/Degree
-----------------	-----------------	--------------

Grad/Prof. School: \_\_\_\_\_

Name & Location	Graduation Date	Major/Degree
-----------------	-----------------	--------------

**WORK EXPERIENCE:**

Discuss any training or related experiences working with the elderly that you have had (including other than the U.S.):

---

---

---

---

---

---

**JOBS WITHIN PAST 10 YEARS (Please list from the most recent job):**

1. Company or Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Duties: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ May we contact? Yes No

2. Company or Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Duties: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ May we contact? Yes No

3. Company or Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Duties: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ May we contact? Yes No

**CERTIFICATION:**

Certified Nurse Assistant:            Yes            No            If yes, expiration date of certification: \_\_\_\_\_  
School Received Certification From: \_\_\_\_\_

Home Health Aid:                        Yes            No            If yes, expiration date of certification: \_\_\_\_\_  
School Received Certification From: \_\_\_\_\_

CPR Certification:                        Yes            No            If yes, expiration date of certification: \_\_\_\_\_  
First Aid Certification:                Yes            No            If yes, expiration date of certification: \_\_\_\_\_

Special skills, certificates, awards or courses:

---

---

Do you have any other training, experience, skills or qualifications that make you especially suited to the position?

---

---

---

**PROFESSIONAL REFERENCES:**

List two references, not related to you, who may be contacted

1. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Known for how many years: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Known for how many years: \_\_\_\_\_ Phone: \_\_\_\_\_

---

In the hiring process or upon hiring, do you provide documents which you indicate of your possession?  
Yes            No

I certify that the statements made in this application are true and correct, and have been given voluntarily.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_