



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

Position to apply at this time: _____

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:

In case of emergency while you are working, please list someone we may call on your behalf:

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

ABILITY:

In what language(s) are you fluent? _____

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 WITH ELDERLY:

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 and attach an extra sheet if needed):

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

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

Special skills, certificates, awards or courses:

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: _____