



# Genki HomeCare EMPLOYMENT APPLICATION

1260 Third Ave., Chula Vista, CA 91911

Phone (858) 699-7020

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
- Are you OK working around cats and dogs ? 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 \_\_\_\_\_

Saturday      From \_\_\_\_\_ to \_\_\_\_\_

Sunday      From \_\_\_\_\_ to \_\_\_\_\_

How many days would you like to work? \_\_\_\_\_

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

**CERTIFICATION:**

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

CA Home Care Aide (HCA) state registered: Yes No If yes, date of registration : \_\_\_\_\_

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

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

Covid-19 Vaccination: Yes No If yes, 2<sup>nd</sup> dose on: \_\_\_\_\_

Special skills, certificates, awards or courses:

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

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**PROFESSIONAL REFERENCES:**

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

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

OK to contact ? Yes No

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

OK to contact ? Yes No

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**YOUR RESUME:**

Please attach your resume which includes your job history and educational background.

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

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