



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:

How many days would you like to work? _____

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

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, 2nd dose on: _____ , Booster on: _____

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: _____

Phone: _____ Email: _____

OK to contact ? Yes No

2. Name: _____

Relationship: _____

Phone: _____ Email: _____

OK to contact ? Yes No

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: _____