



Dear Applicant,

Thank you for your interest in a career with Auspice Home Care Solutions, LLC. We are pleased you have interest in becoming a part of the Auspice Team. To ensure we are providing the best quality of care to our clients, applicants **MUST** submit all documents listed below to be considered as a Caregiver candidate:

1. Application
2. Resume
3. At least one (1) Letter of Recommendation (NOT required but advised)
4. Verification of Automobile Insurance/ Valid CA Drivers License Form

Thank you,

The Auspice Team

Do you have any physical limitations that could prevent you from performing what may be required, such as bending, lifting and stretching? Yes/No
If yes, please briefly explain: _____

Do you have any allergies that may affect your job performance while in the clients' home? (Allergies to dogs/cats, pollen, smoke)? Yes/No
If yes, please explain: _____

EDUCATION EXPERIENCE:

Name of School	City/State	Did you graduate?	Degree/Major received
High School:			
GED:			
College:			
Other School:			

Please list any other credentials/licenses/professional affiliations, etc, you have obtained that are relevant to the position for which you are applying:

Are you First Aide/CPR certified? Yes/No If yes, when: _____

Are you a CNA? Yes/No If yes, what is your license number: _____

Emergency Contact: _____ Phone: _____

Relationship: _____

WORK EXPERIENCE:

Please detail your employment history. Begin with your current or most recent employer. If you held multiple positions with the same organizations, detail each position separately. Please do not complete this information with the notation "See Resume".

1. Company Name: _____

Address City State Zip

Supervisor Name (_____) Contact Phone

Dates of Employment:
From: _____ To: _____ Salary: Starting: _____ Ending: _____

May we contact your previous supervisor? Yes/No

Position Title: _____

Duties performed: _____

Reason for leaving: _____

2. Company Name: _____

Address City State Zip

Supervisor Name (_____) Contact Phone

Dates of Employment:
From: _____ To: _____ Salary: Starting: _____ Ending: _____

May we contact your previous supervisor? Yes/No

Position Title: _____

Duties performed: _____

Reason for leaving: _____

3. Company Name: _____

Address City State Zip

Supervisor Name (_____) Contact Phone

Dates of Employment:
From: _____ To: _____ Salary: Starting: _____ Ending: _____

May we contact your previous supervisor? Yes/No

Position Title: _____

Duties performed: _____

Reason for leaving: _____

Please explain any gaps in employment, including military or volunteer commitments:

REFERENCES:

1. Professional/Personal (Please Circle)

Name: _____ Phone:(____)_____

Company: _____ Position:_____

2. Professional/Personal (Please Circle)

Name: _____ Phone:(____)_____

Company: _____ Position:_____

3. Professional/Personal (Please Circle)

Name: _____ Phone:(____)_____

Company: _____ Position:_____

Please list your availability to work for as a Caregiver for Auspice

Sunday:
Monday:
Tuesday:
Wednesday:
Thursday:
Friday:
Saturday:

Are you willing to accept per-diem employment or less than 32 hours per week?
Yes/No

Are you willing to accept a 24 hour shift? Yes/No

Are you willing to be on-call? Yes/No

SKILLS CHECK LIST

PLEASE READ THE SKILLS CHECK LIST CAREFULLY AND APPROPRIATELY
CHECK MARK THE SKILLS YOU ARE ABLE TO PERFORM.

Adult Brief (Changing)	Swallowing Precautions
Alzheimer's and Dementia Care	Trach Care
Bed Bath	Transfer Assist
Bedpan	Transport client in your vehicle? YES NO
Blood Sugar Check	Turn and Reposition
Bowel Program	Wheelchair
Breathing treatments	
Colostomy Care	
Cooking	
Denture Care	
Dressing Changes	
Elastic Stockings	Can you tolerate smoking? YES NO
End of Life Care (Hospice)	Are you Allergic to dogs? YES NO
Eye Medication	Are you Allergic to cats? YES NO
Fleets Enema	Do you speak a second language? YES NO
Foley Catheter	Please Specify the language:
Gait Belt	
Gastronomy Tube	
Hip Precautions	ADD ANY ADDITIONAL SKILLS YOU MAY HAVE:
Hoyer Lift	
Light Housekeeping	
Medication Reminders	
Occupied Bed making	
Oxygen	
Paraplegic	
Positioning in Bed	
Quadriplegic	
Range of Motion	
Shower Assistance	
Slide Board	

I hereby certify the information contained in this application is true and correct to the best of my knowledge and I agree to have any of the statements checked by Auspice, unless I have indicated to the contrary.

Applicants Signature

Date

Verification of Automobile Insurance/ Valid California Drivers License

I understand that I may choose to use my automobile as a part of the duties in the care of clients assigned to me and/or providing my own transportation to and from the homes or facilities of Auspice Home Care Solutions, LLC clients. I agree to release the company from all liability in the event there is an automobile accident in which there is damage to my car or to its occupants. In addition, I authorize Auspice Home Care Solutions, LLC to verify any or all information I have provided on this verification form.

I understand that unless it is otherwise written in the Care Plan for a client, I will not transport clients in my automobile or my client's automobile during the course of my duties of an Auspice Home Care Solutions, LLC employee.

I certify that this vehicle is properly licensed, registered, inspected and is safe and in a useable condition. I further attest that this vehicle is covered by a current and valid automobile insurance policy in accordance with state and federal guidelines.

Name of employee (Driver): _____

CADL #: _____

State where vehicle is registered: _____

Insurance company: _____

License Plate #: _____

Registration #: _____

Insurance Policy #: _____

Type of coverage: Full Property damage Bodily Injury

Maximum per occurrence: _____

Employee Signature

Date