

Alpha Alliance Home Care LLC

Caregiver Employment Application

4700 Torreys Peak CT, Antioch, CA 94531 | Phone: (925) 550-1448 |
alpha_alliancehomecare@yahoo.com
CONFIDENTIAL — FOR INTERNAL USE ONLY

Equal Opportunity Employer: Alpha Alliance Home Care LLC is an equal opportunity employer and does not discriminate on the basis of race, color, religion, sex, national origin, age, disability, or any other characteristic protected by law. All applicants will be considered for employment without regard to legally protected status.

SECTION 1 — PERSONAL INFORMATION

FULL LEGAL NAME (LAST, FIRST, MIDDLE)			DATE OF APPLICATION	
STREET ADDRESS		CITY	STATE	ZIP CODE
PHONE NUMBER (PRIMARY)	PHONE NUMBER (SECONDARY / CELL)		EMAIL ADDRESS	
DATE OF BIRTH	SOCIAL SECURITY NUMBER (LAST 4 DIGITS)	ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.? ☐ Yes ☐ No		
DRIVER'S LICENSE NUMBER	STATE ISSUED	EXPIRATION DATE	DO YOU HAVE RELIABLE TRANSPORTATION? ☐ Yes ☐ No	

SECTION 2 — POSITION & AVAILABILITY

POSITION APPLIED FOR

☐ Home Care Aide ☐ Companion / Sitter ☐ Live-In Caregiver ☐ Overnight Caregiver

☐ Other: _____

DESIRED HOURS **AVAILABLE START DATE**

☐ Full-Time ☐ Part-Time _____

☐ On-Call / As Needed

AVAILABILITY (CHECK ALL THAT APPLY)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning (6am–12pm)							
Afternoon (12pm–6pm)							

Evening (6pm–12am)							
Overnight (12am–6am)							

SECTION 3 — EDUCATION & CERTIFICATIONS

HIGHEST LEVEL OF EDUCATION COMPLETED

- ☐ Some High School
 ☐ High School Diploma / GED
 ☐ Associate Degree
- ☐ Bachelor's Degree
 ☐ Graduate Degree
 ☐ Vocational / Trade

CERTIFICATIONS (CHECK ALL THAT APPLY AND PROVIDE EXPIRATION DATES)

Certification	Do You Hold This?	Expiration Date	Issuing Organization
CPR / AED			
First Aid			
CNA (Certified Nursing Assistant)			
HHA (Home Health Aide)			
CA Home Care Aide Registry (HCA)			
Food Handler / Food Safety			
Dementia / Memory Care Training			
Other (specify below):			

SECTION 4 — WORK HISTORY (MOST RECENT FIRST)

List your last three employers. Attach additional pages if needed.

Employer #1 (Most Recent)			
Employer Name			
Job Title		Dates Employed	
Address / City		Phone Number	
Supervisor Name		May We Contact?	
Reason for Leaving			
Primary Duties			

Employer #2			
Employer Name			
Job Title		Dates Employed	
Address / City		Phone Number	
Supervisor Name		May We Contact?	
Reason for Leaving			
Primary Duties			

Employer #3			
Employer Name			
Job Title		Dates Employed	
Address / City		Phone Number	
Supervisor Name		May We Contact?	
Reason for Leaving			
Primary Duties			

SECTION 5 — PROFESSIONAL REFERENCES (NON-FAMILY)

Name	Relationship	Phone Number	Email

SECTION 6 — CAREGIVER SKILLS & EXPERIENCE

Check all services you are able and willing to provide:

- | | |
|--|---|
| ☐ Personal Care (bathing, grooming, dressing) | ☐ Meal Preparation |
| ☐ Mobility Assistance / Transfers | ☐ Light Housekeeping |
| ☐ Medication Reminders | ☐ Laundry |
| | ☐ Transportation / Errands |

- ☐ Companionship
- ☐ Dementia / Alzheimer's Care
- ☐ Post-Surgery / Recovery Care

- ☐ Hospice / Palliative Support
- ☐ Pediatric / Special Needs Care

LANGUAGES SPOKEN (OTHER THAN ENGLISH)

DO YOU HAVE EXPERIENCE WITH HOSPICE / END-OF-LIFE CARE?

☐ Yes ☐ No

SECTION 7 — BACKGROUND DISCLOSURE

California law requires all Home Care Aides to register with the CA Home Care Aide Registry and submit to a background check through the California Department of Justice (DOJ) and FBI. Employment is contingent upon satisfactory clearance.

HAVE YOU EVER BEEN CONVICTED OF A CRIME (EXCLUDING ELIGIBLE SEALED/EXPUNGED RECORDS)?

☐ Yes ☐ No

IF YES, BRIEFLY EXPLAIN (NATURE OF OFFENSE, DATE, OUTCOME):

HAVE YOU EVER BEEN LISTED ON ANY ABUSE, NEGLECT, OR EXPLOITATION REGISTRY?

☐ Yes ☐ No

SECTION 8 — EMERGENCY CONTACT

EMERGENCY CONTACT NAME

RELATIONSHIP

PHONE NUMBER

SECTION 9 — APPLICANT CERTIFICATION & SIGNATURE

I certify that all information provided in this application is true, complete, and accurate to the best of my knowledge. I understand that any misrepresentation, falsification, or omission of information may result in disqualification from consideration or, if employed, termination. I authorize Alpha Alliance Home Care LLC to verify all information provided, contact references and prior employers, and conduct a background check as required by California law and the CA Home Care Services Bureau. I understand that employment is contingent upon successful completion of a background check and registration with the CA Home Care Aide Registry.

APPLICANT SIGNATURE

DATE

PRINTED NAME

FOR OFFICE USE ONLY

Date Application Received		Reviewed By	
Interview Date		Interview Conducted By	
Background Check Submitted		Background Check Cleared	

CA HCA Registry # Verified		Hire Decision	
Notes			