



Instructions to Applicant

Thank you for your interest in employment with Amdal In-Home Care. We are the leading provider of non-medical in-home care services in central and coastal California. Unlike most other in-home care companies, our Personal Care Attendants log their work via an easy telephone-based electronic tracking system in the client's home. This eliminates the need for time-consuming paperwork as well as trips to the home office to drop it off. We also offer direct deposit and emailed work schedules. If you have professional care-giving experience then you'll appreciate how much time and driving employment with Amdal saves!

The following pages contain:

- A four-page Employment Application
- Two Employer Reference Request Pages

In order to be considered for employment, you must fill out every form thoroughly and completely. Please make sure you sign each form where indicated.

Note: We also require all employees pass a background screening. An authorization release for a background check will be requested after a successful interview.

Once complete you may drop off, mail or fax your application materials to the appropriate office:

San Luis Obispo County

Attn: Office Coordinator
7400 A Morro Rd.
Atascadero, Ca. 93422
Ph: 805-464-0108
Fax: 805-464-0157

Tulare/Kings Counties

Attn: Office Coordinator
318 S. M St.
Tulare, Ca. 93274
Ph: 559-686-6611
Fax: 559-686-6622

Fresno/Madera Counties

Attn: Office Coordinator
4848 N. First St. #104
Fresno, Ca. 93726
Ph: 559-227-1701
Fax: 559-227-1771

Once we have had a chance to review your application, reference and background check we will be in touch with you.

Thanks Again.
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PS. More information about us is available on our web site at www.amdalinhome.com.



For Amdal Use Only:	
Interview Scheduled:	_____
I-9:	_____ Infolink: _____

Amdal In-Home Care is an “At Will” Employer. That means that both employee and Amdal have the right to terminate employment at any time, with or without advance notice, and with or without cause. No persons other than the Chief Executive Officer has the authority to alter this arrangement, to enter into agreement for employment for a specified period of time, or to make arrangements contrary to this policy, and any such agreement must be in writing and must be signed by the Chief Executive Officer.

Personal Information: Date of application: _____ Date available: _____

Name: _____
Last First Middle

Current address: _____ Phone No. _____
Street City State Zip

Email Address: _____ How did you hear about Amdal?: _____

Emergency Contact: _____
Name Relationship Phone

Sex: M F If you cannot be reach at the above phone number, please provide alternate number: _____

Can you provide verification of your legal right to work in the U.S.A.? Y N
 Have you ever worked for this company before? Y N
 Have you been convicted of a felony or a misdemeanor within the last seven years? Y N
 If yes, please explain: _____

Are you employed now? Y N
 May we contact your present employer? Y N
 If no, why? _____

Are you able to perform the essential functions of the position for which you are applying either with or without reasonable accommodations? This job may require some lifting, bending, and stretching. Y N

Employment Desired:

Are you at least 18 years of age or older? Y N
 Will you accept employment of part-time, 32+ hours per week? Y N
 Will you accept employment per-diem, less than 32 hours per week? Y N

Position desired:

Companion/Homemaker	<input type="checkbox"/>		
Personal Care Attendant	<input type="checkbox"/>		
Certified Nurse Assistant (C.N.A.)	<input type="checkbox"/>	C.N.A. # _____	Exp. _____
Certified Home Health Aid (C.H.H.A.)	<input type="checkbox"/>	C.H.H.A. # _____	Exp. _____
Other	<input type="checkbox"/>	_____	_____

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IN•HOME CARE
EMPLOYMENT APPLICATION

I would prefer the following work schedule: Live in Weekdays Weekends
 Hourly Weekdays Weekends

Day	From:		To:	
Sunday	AM	PM	AM	PM
Monday	AM	PM	AM	PM
Tuesday	AM	PM	AM	PM
Wednesday	AM	PM	AM	PM
Thursday	AM	PM	AM	PM
Friday	AM	PM	AM	PM
Saturday	AM	PM	AM	PM

Do you drive? Y N if yes, drivers license no. _____

Do you have a car/reliable transportation to and from work? Y N

Method of transportation to and from work: Car Bus Drop off

Do you have responsibilities that would limit your availability? Y N If yes, explain _____

Education:

	Name of School	Location City, State	Courses Taken	Completed	Diploma, Degree, or Certificate Received
Grammar Grade School					
High School					
College					
Vocational or Business school					
Professional Education					
Certifications					

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IN•HOME CARE
EMPLOYMENT APPLICATION

Experience With:

- | | | | | |
|--|---|---|-----------------------------------|--|
| <input type="checkbox"/> Alzheimer's Disease | <input type="checkbox"/> Parkinson's | <input type="checkbox"/> Asst. w/Physical Therapy | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Psychiatric Disorders |
| <input type="checkbox"/> Dementia | <input type="checkbox"/> End of Life Care | <input type="checkbox"/> Bowel Program | <input type="checkbox"/> G-Tube | <input type="checkbox"/> Catheter |
| <input type="checkbox"/> Infant/Child Care | <input type="checkbox"/> Oxygen | <input type="checkbox"/> Hoyer Lift | <input type="checkbox"/> Other | |

If other, explain: _____

Other than English, do you speak any other languages? Y N If yes, please list: _____

Employment History: (List last or present position first)

Present and Former Employers	Dates Employed	Salary Range	Position and Duties	Reason for leaving
Name: _____ Address: _____ _____ / _____ Supervisor's Name Phone	From	Starting		
	To	Ending		
Name: _____ Address: _____ _____ / _____ Supervisor's Name Phone	From	Starting		
	To	Ending		
Name: _____ Address: _____ _____ / _____ Supervisor's Name Phone	From	Starting		
	To	Ending		
Name: _____ Address: _____ _____ / _____ Supervisor's Name Phone	To	Starting		
	From	Ending		

Please explain any lapses in employment: _____

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IN•HOME CARE
EMPLOYMENT APPLICATION

I hereby certify that the information contained in this application form is true and correct to the best of my knowledge and agree to have any of the statements checked by the employer unless I have indicated to the contrary. I authorize the references listed above, as well as all other individuals whom the employer contacts, to provide the employer any and all information concerning my previous employment and any other pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to the employer as well as from any use or disclosure of such information by the employer or any of its agents, employees, or representatives. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer of employment, or if I am hired, may result in immediate dismissal from employment.

I further understand that this institution follows the “Fair Employment Practice Code” and there is no discrimination in the hiring of individuals based on sex, race, religion, age, color, disability, marital status, national origin, ancestry, or physical or mental handicap unrelated to the ability to perform the work required.

I also understand that all offers of employment are conditioned on the provision of satisfactory proof of an applicant’s identity and legal authority to work in the United States, as well as the satisfactory completion of a post-offer medical examination and background check.



Applicant’s Signature

Date

For Personnel Office Use Only
Check off list

- | | |
|--|---|
| <input type="checkbox"/> Car Insurance
<input type="checkbox"/> CPR or Related Certifications
<input type="checkbox"/> I-9 Verification
<input type="checkbox"/> TB Skin Test
<input type="checkbox"/> CNA/HHA Certifications (copy)
<input type="checkbox"/> Other: _____
_____ | <input type="checkbox"/> Social Security Card (copy)
<input type="checkbox"/> Background Check
<input type="checkbox"/> Two Reference Checks
<input type="checkbox"/> Drivers License (copy) |
|--|---|

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IN-HOME CARE
EMPLOYMENT APPLICATION

AMDAL IN-HOME CARE EMPLOYMENT REFERENCE REQUEST 1

TO BE COMPLETED BY APPLICANT

Applicant Name (Print)

Employer Name _____ Phone Number: _____

Street _____ City _____ Zip _____

Dates of Employment _____ Position Held _____

Reason for Leaving _____ Wage _____

I hereby authorize you to disclose the information requested on this form.



Signature of Applicant **Date**

Office Use Only

The applicant named above has applied for a position with Amdal In-Home Care and has listed you as a previous employer. We would appreciate your assistance in verifying this applicant's employment and in evaluating his/her job performance. This information will be held in strict confidence. Thank you for your cooperation.

1. Does the information given below correspond with your records? ___ Yes ___ No
If no, please provide the correct data _____

2. Is this employee available for rehire? ___ Yes ___ No

Comments _____

3. Name and title of evaluator: _____

4. If reference by phone, name and title of person receiving the reference: _____

5. Evaluation (Check the appropriate box for each of the criteria below)

Criteria	Exceeds	Good	Poor	Criteria	Exceeds	Good	Poor
Attendance				Job Knowledge			
Punctuality				Accepts Supervision			
Dependability				Personal Appearance			
Quality of Work				Attitude			

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IN-HOME CARE
EMPLOYMENT APPLICATION

AMDAL IN-HOME CARE EMPLOYMENT REFERENCE REQUEST 2

TO BE COMPLETED BY APPLICANT

Applicant Name (Print)

Employer Name _____ Phone Number: _____

Street _____ City _____ Zip _____

Dates of Employment _____ Position Held _____

Reason for Leaving _____ Wage _____

I hereby authorize you to disclose the information requested on this form.



Signature of Applicant Date

The applicant named above has applied for a position with Amdal In-Home Care and has listed you as a previous employer. We would appreciate your assistance in verifying this applicant's employment and in evaluating his/her job performance. This information will be held in strict confidence. Thank you for your cooperation.

1. Does the information given below correspond with your records? ___ Yes ___ No
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Criteria	Exceeds	Good	Poor	Criteria	Exceeds	Good	Poor
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Punctuality				Accepts Supervision			
Dependability				Personal Appearance			
Quality of Work				Attitude			

Office Use Only