



## **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 two-page pre-application screening
- 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.

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.  
Amdal

PS. More information about us is available on our web site at  
[www.amdalinhome.com](http://www.amdalinhome.com)

# PRE-APPLICATION FORM FOR

## AMDAL IN-HOME CARE

### JOB DESCRIPTION

#### 1. Statement of the Job

Amdal In-Home Care provides personal care services for each of its in-home clients. The primary purpose and responsibility of Amdal In-Home Care management and its employees is to provide for the health, safety and welfare of each home bound client. All **Job Duties & Responsibilities (2)** and **Job Requirements (3)** standards as stated herein are to satisfy that objective.

#### 2. The Duties & Responsibilities are:

- a. Be able to read and write the English Language at the 8<sup>th</sup> grade level and be able to hear the spoken word.
- b. Be able to cook a wholesome meal, sweep, mop floors, carry out trash, make beds, carry and wash laundry.
- c. Must be able to call the office each weekday you are working to see if work is available.
- d. Must be able to stay with a client for up to eight (8) hours straight.
- e. Must be able to pass a skills test. (Minimum 75% score).
- f. Must be able to work two (2) shifts on any given day.
- g. Must be available for orientation prior to working.
- h. Must be able to assist clients who wear a gait belt and/or use a back support brace your self if required to do so.
- i. Must be able to refrain from using the telephone during working hours.
- j. Must have a telephone at home or a cell phone and be able to respond within one hour.
- k. Must be able to attend In-Services as required by management.
- l. Must be able to refrain from smoking while in the client's home.
- m. Must agree NOT to give out your phone number to the client or to any client family member.
- n. Must agree NOT to give out the client's phone number to any person and agree that if your family needs to contact you for emergency reasons only, they will call the office who will then contact you so that other client provisions can be made accordingly.
- o. Must acknowledge that it is your prerogative to accept or refuse job assignments and that management documents all **job refusals** and cancellations. Furthermore, you understand that management informs the Department of Labor of any work refusals on the part of employees who have filed for unemployment.
- p. Must accept and agree that working part time means a **temporary employment** situation exists, which often involves alternative shifts and that Amdal In-Home Care cannot guarantee you a minimum of hours nor place you on a specific case.
- q. Must agree to keep all client information confidential.
- r. Must understand and accept that while employed by Amdal In-Home Care you may not be hired as an employee or as a private contractor of a client whom you have, or are now currently serving. Furthermore, you agree to report any attempt by a client to hire you and that if you or management terminates your employment, you agree herein NOT to, directly or indirectly serve an assigned client for a period of one year after termination.
- s. Must agree and accept that if you do not show up for work and do not call the office, you will be considered as terminated.

Over

#### 3. The Requirements for the Job are:

(Note: These factors constitute **essential functions** of the job and/or facilitate management's responsibility to comply with laws and standards intended to protect its employees and/or clients.)

- a. Must be able to lift a minimum of 50 pounds of dead weight.
- b. Must accept, and participate fully with the Company's **mandatory Light Duty Policy**, whenever being assigned by a treating physician to do so.
- c. Must have a valid State driver's license and an acceptable Motor Vehicle Report defined as not more than 3 tickets in the past year and no DUI/DWI or, reckless driving violations.

- d. Must have transportation to and from work and be able to provide immediately, an insurance certificate and/or a copy of your insurance card and a copy of your Drivers license.
- e. Must have a Criminal Records Report classified as, **Acceptable** when verified.
- f. Must be willing to take a polygraph test if a theft occurs on a case you have been assigned.
- g. Must be willing to permit a full **Credit Report** to be run in advance of any employment.
- h. Must be able to understand and abide by all Company safety policies while on the job.
- i. Must agree to report any/all injuries to your supervisor within 24 hours, no matter the time of day.
- j. Must be willing and able to accept management's reserved right to require an **Occupational Physical Stress Exam** and/or a **Physical Exam** at company expense and accept the results.
- k. Must be willing to accept management's reserved right to require of you a **Pre-employment drug test** and to participate when required to in both **Random & Post Accident Drug testing** procedures when instructed to do so. Furthermore, you agree to accept and abide by Company **Drug Policy** should any test result be reported as positive (i.e. Suspension and/or Termination).
- l. Must be willing and able to acknowledge being free of any infectious communicable disease(s), as may be required or stipulated by health authorities. Furthermore, you must accept management's right to require testing at any time and for any reason deemed as being in the best interest of its customers/patrons/residents. And moreover, you agree to accept any decision arrived at by the company resulting from such test results where the welfare others is found to be at risk.
- m. Must be willing and able to authorize management to run a full **prior-employer** investigation.
- n. Must accept and understand that as a **condition of employment** you cannot use or consume illegal drugs, controlled substances or chemical substances of a mind-altering nature, including alcohol, while on duty, nor report to work under the influence of any of the above.

**DISCLAIMER:** The listing of job duties, job responsibilities and job requirements on this form are merely the most accurate for the current job positions. Management reserves the right to revise this listing of duties, responsibilities and requirements and to require that other tasks be performed when the circumstances of the job change (i.e. emergencies, changes in personnel, work load, or technical needs).

Yes, I can perform the duties and responsibilities and accept the stated Requirements for the Job as described herein.

No, I cannot perform the duties and responsibilities, nor do I accept the Requirements for the Job as described herein.

**NOTE:** Giving false information or misrepresentations to any of the above will be considered perjury and may be prosecutable if such information is deemed injurious to the Company or to others.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**FINAL INSTRUCTIONS:**

If you have **checked** the **YES** choice above please return this form to the receptionist, and obtain a full Application package. Proceed in completing the full Application package as instructed.

If you **checked** the **NO** choice above, please return this form to the receptionist and **Thank You** for stopping by our office. We wish you the best in your search for gainful employment.



## EMPLOYMENT APPLICATION

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 \_\_\_\_\_

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### 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					

## 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: \_\_\_\_\_

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

EMPLOYMENT APPLICATION  
**AMDAL IN-HOME CARE**  
 EMPLOYMENT REFERENCE REQUEST 1

TO BE COMPLETED BY APPLICANT

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**Applicant Name (Print)**

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Employer Name Phone Number:

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Street City Zip

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Dates of Employment Position Held

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Reason for Leaving Wage

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



**Sign Here**

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**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			

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  
 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			

**Office Use Only**