

At Ease Home Care

1430 Pearl Street, Eugene, OR 97201
Office: (541) 344-3273 Fax: (541) 744-1213
www.ateasehomecare.com

Administrative / Office Staff / Scheduler Application

Incomplete Applications Will Not Be Considered.

Please Read Entire Application.

Void 6 months after the "Date" entered below and will be shredded after 14 months.

Name: _____ Date: _____

Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Secondary Phone: _____

How or Who Referred You? _____ Former AEHC Employee? Y N

Application at a Glance: (Check the box: Y = Yes and N = No)

- | | | | |
|--------------------------------|---|----------------------------------|---|
| 1) Office Experience? | <input type="checkbox"/> Y <input type="checkbox"/> N | 6) Current Drivers License? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 2) Elderly Care Experience? | <input type="checkbox"/> Y <input type="checkbox"/> N | 7) Reliable Vehicle? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 3) Enjoys working with people? | <input type="checkbox"/> Y <input type="checkbox"/> N | 8) Current Automobile Insurance? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 4) Professional License? | <input type="checkbox"/> Y <input type="checkbox"/> N | 9) Bus / Bike / Non-Driver? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| License #: _____ | | 10) Works well in groups? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Expires: _____ | | 11) Can You Pass A Drug Test? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 5) Other Certifications: _____ | | | |

Skills Overview: (Check the Box: Y = Yes and N = No - You may be asked where you received training / experience)

- | | | | |
|-------------------------------------|---|-----------------------|---|
| Answering Phones / Takings Messages | <input type="checkbox"/> Y <input type="checkbox"/> N | Microsoft Word | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Copy Machine / Printers / Faxing | <input type="checkbox"/> Y <input type="checkbox"/> N | Excel | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Ordering / Taking Inventory | <input type="checkbox"/> Y <input type="checkbox"/> N | Outlook | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Typing | <input type="checkbox"/> Y <input type="checkbox"/> N | Documenting / Reports | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Internet / Email | <input type="checkbox"/> Y <input type="checkbox"/> N | Bill Pay / Invoicing | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Networking | <input type="checkbox"/> Y <input type="checkbox"/> N | Scheduling | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Filing | <input type="checkbox"/> Y <input type="checkbox"/> N | Other: _____ | |

Availability: (Check Shift Preference) Daytime Shifts Overnights 12-hr Shifts 24-hr Shifts

Indicate Days and Provide Times Available including am/pm: (Example: ✓ Monday: 7am-10pm)

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

Employers References: (Incomplete Applications will not be considered.)

Provide three Employer References from the last ten years in relation to the Care Attendant position you are applying for. Phone and Fax Numbers must be current. Provide most recent employer first.

Employer: _____ Your Job Title: _____

Phone: _____ **Fax:** _____

Address, City and State: _____

Dates Employed From: _____ to: _____ Supervisor: _____

Starting Wage \$ _____ Ending Wage \$ _____

Reason for Leaving / Are you eligible for rehire? Y N

Job Duties: _____

Employer: _____ Your Job Title: _____

Phone: _____ **Fax:** _____

Address, City and State: _____

Dates Employed From: _____ to: _____ Supervisor: _____

Starting Wage \$ _____ Ending Wage \$ _____

Reason for Leaving / Are you eligible for rehire? Y N

Job Duties: _____

Employer: _____ Your Job Title: _____

Phone: _____ **Fax:** _____

Address, City and State: _____

Dates Employed From: _____ to: _____ Supervisor: _____

Starting Wage \$ _____ Ending Wage \$ _____

Reason for Leaving / Are you eligible for rehire? Y N

Job Duties: _____

Personal History: (Provide The Following Personal History In Order to Accurately Complete Your Required Background Check.)

List Street Addresses, Cities and States, and Dates Residing At These Locations:

Addresses

Dates

List Other Names You Have Used and Dates You Used Them - Including Maiden Name:

Have You Been Convicted of a Crime, Pleaded Guilty, or No Contest? Y N

Explain:

Authorization to Obtain Your Identity Verification Report / Background Check:

I hereby certify that the answers given by me to all the questions contained on this Employment Application are true and correct to the best of my knowledge. If employed by At Ease Home Care, I will comply with all rules and regulations of the company. I agree to submit to a physical and/or drug examination if required. I have read and understand the purpose of this Employment Application. I also understand that if any fraudulent information is given on this Application it may be grounds for immediate termination from my position. I am providing complete and accurate information.

I authorize At Ease Home Care to obtain an Employment/Identity Report for employment purposes. I understand that these inquiry reports may include, but are not limited to: conviction records, motor vehicle records, references, and copies of prior personnel files. I understand that providing my Social Security number and birthday is voluntary. I authorize the use of this information for the purpose of national and/or state criminal history and background checks. I understand that I may be asked to provide further proof of Identity obtained from the Social Security Department if requested. At Ease Home Care is an Equal Opportunity Employer. I understand that the job position I am applying for is placed equally without discrimination due to race, creed, color, religion, sex, national origin, sexual preference, handicap, or age.

Name: _____ Date: _____

Signature: _____

Social Security Number: _____ - _____ - _____

Birthday: _____ - _____ - _____

This Authorization is given pursuant to the Fair Credit Reporting Act, 15 U.S.C.1681b(b)(2)(B) .Note: The FCRA requires that an applicant must authorize in advance the procurement of an Employment/Identity Verification Report for employment purposes.

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This Authorization to Obtain Employment Verification / History must be signed before we can conduct References Checks on all Applicants.

AUTHORIZATION TO OBTAIN EMPLOYMENT VERIFICATION / HISTORY

I authorize my former and current employers to give any information they have regarding my employment, whether or not it is on their records, to At Ease Home Care. I hereby release At Ease Home Care and former and current employers from all liability and any damages for issuing said information.

Name: _____ Date: _____

Signature: _____

Section 5: Completed by subject individual

15. Name: (last, first, middle) _____ 16. Date of birth: _____ 17. Gender: M F 18. Social Security or INS number: (voluntary) _____

19. All other names used: (Include maiden name.) _____ 20. Driver's license or ID card: Number: _____ State: _____

21. Mailing address: _____ 22. Home or message phone: _____

Street: _____ Apt: _____ 23. During the past 5 years, have you been outside Oregon 60 days or more in a row? Yes No
City: _____ If yes, list where: _____

State: _____ ZIP: _____ City/state/country: _____ From: (month/year) _____ Until: (month/year) _____

24. Street address: (if different than mailing address) _____

Street: _____ Apt: _____

City: _____

State: _____ ZIP: _____

25. Have you ever been charged, arrested and/or convicted of a crime? Yes No

If you answered yes, list all charges, arrests and/or convictions (adult and juvenile) and the outcome regardless of how long ago. Attach additional pages if needed.

Date: (or estimate)	List each charge, arrest or conviction:	County:	State:	Outcome:
1.				
2.				
3.				
4.				
5.				

26. Provide a detailed explanation of all charges, arrests and convictions. (See "Questions to answer" in instructions.) This information may directly affect the outcome of this background check. Add additional pages if needed.

I have read and understand the instructions for completing this form. I understand that a criminal records and abuse check will be completed on me and that the information may be shared with the person listed in section 1, box 1. My signature authorizes the Background Check Unit to request and receive any juvenile, police, court or investigation reports needed to complete this background check. In the event potentially disqualifying abuse is discovered, I will be notified at the address listed above and asked to provide additional information. I certify the information I have provided is correct and complete. I understand that if I provide false or incomplete information, my application may be closed or I may be denied the position. I understand the check may be repeated during the time I hold this position.

27. Signature: _____ 28. Date: _____