



Covered Caregiver
1000 Business Center Circle Suite 204
Newbury Park, CA 91320
Phone: (805) 375-4735
www.CoveredCaregiver.com

Thank you for your interest in *Covered Caregiver*!

Covered Caregiver provides experienced, compassionate care to seniors and their families looking for reliable, trustworthy Caregivers. We receive many inquiries each day from people who are interested in qualifying to be on our first-rate care provider team.

To be considered as a team member with *Covered Caregiver*, the following must be met:

1. Minimum 1+ years of experience providing care within the industry.
2. A dependable vehicle properly insured.
3. Valid *State* driver's license.
4. You must be trustworthy and dependable.

In addition to meeting the above criteria, the following documentation will be required:

1. Recent copy of your driver's license report (within last 6 months).
2. Copy of recent TB (Tuberculosis) screening (within last 6 months).
3. Background check completed.
4. Any certifications or degrees you may have earned.
5. Minimum of 3 verifiable professional references.

If you can meet all of the above, then completely read and fill out the enclosed Application.

When you have completed the Application, please email along with your Resume, to:
info@coveredcaregiver.com and include in the subject headline: **Caregiver Application**.

You can also FAX your application and resume to:
(805) 375-4735

You may also mail your application and resume to:
Covered Caregiver
1000 Business Center Circle Suite 204
Newbury Park, CA 91320

Thank you for your interest.

Sincerely,

Ohad J. Pearl, MPH
President/CEO
Covered Caregiver



Caregiver Employment Application

By filling out this application and questionnaire, you are applying for employment at Covered Caregiver. This company is dedicated to a policy of non-discrimination of applicants on any basis including race, color, age, sex, pregnancy (including breastfeeding and related medical conditions), religion (including religious dress and/or grooming practices), creed, marital status, ancestry, physical or mental disability, sexual orientation, gender identity, gender expression, genetic characteristic, military or veteran status, citizenship, Medi-Cal enrollment, medical condition, national origin, or marital status.

Your Full Name			Date	
Street Address		City	State	Zip
Home Phone	Cell Phone		Do you smoke? (Place an "X") __yes __no	
		How did you hear about us? (Place an "X"): __Craigslist __Online Classified __Penny Saver __Acorn __College __Church __Senior Center __CalJOBS __Posting Board		

Are you currently employed / provide Care to others? If Yes, Please explain. (Place an "X"): __yes __no	Please explain:
Have you ever been convicted of a misdemeanor/felony other than a marijuana offense that was more than 2 years ago (please do not include criminal convictions that have been sealed, expunged or dismissed, or were for crimes that occurred while you were under the age of 18)? If Yes, provide details __yes __no Details:	

Transportation			
Most clients require transportation, often using the Care Provider's vehicle:			
Do you have dependable transportation? (Place an "X") __yes __no		Make and model car	
License plate #	Driver license #	Auto insurance policy #	
Insurance company	Insurance agent name	Insurance agent phone	

Availability			
Appx. hours per week available:	Days/Times you are available	Days & times not available	Can you be called at the last minute in case of emergency? (Place an "X") __yes __no
Select the areas that you will accept work (Place an "X"): __Thousand Oaks/Newbury Park __Westlake Village __Ventura __Oxnard __Agoura Hills __Camarillo __Simi Valley __Moorpark			

What Education Qualifies You To Work As a Caregiver?

High school	City/State	
College	City/State	
Other	City/State	
Degrees/certificates – All Degrees / Certificates must be presented copy. All will be verified with provider/issuer.		
Special skills or courses – Any skills that assist in making you qualified as a professional Care Provider.		

What is Your Past Experience?

Discuss any training or experience working with the elderly. How are you trained and/or experienced in working with the elderly?

What do YOU do that shows and proves you're Reliable, Trustworthy and Honest?

What would you like least about working with the elderly?

Skills

Please indicate which of the following skills you are prepared to provide if referred to seniors / families
(Place an "X"):

Companion Care & Safety	___yes ___no	Medication reminders	___yes ___no	Oral Care	___yes ___no
Alzheimer's	___yes ___no	Transportation	___yes ___no	Shaving Assistance	___yes ___no
Dementia	___yes ___no	Bathing (Reg., bed, sponge)	___yes ___no	Assist w / P.T. Exercises	___yes ___no
Meal Prep / Clean Up	___yes ___no	Dressing/ Grooming	___yes ___no	Assist w/ Prosthesis	___yes ___no
Feeding	___yes ___no	Incontinence	___yes ___no	Hospice	___yes ___no
Light Housekeeping	___yes ___no	Ambulation	___yes ___no	Willing to Work w/Pets	___yes ___no
Laundry	___yes ___no	Transfer assist	___yes ___no	Speak fluent English	___yes ___no

Work History

Please provide at least five years of recent, verifiable work history followed by verifiable references.

Company	From	To
Job title	Reason left	
Duties		
Supervisor	Phone	
Company	From	To
Job title	Reason left	
Duties		
Supervisor	Phone	
Company	From	To
Job title	Reason left	
Duties		
Supervisor	Phone	

Why Do You Feel You Would Be An Excellent Addition to Our Team?

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Business | Professional References

Name	Address	Relationship/Years Known	Local Phone #
Name	Address	Relationship/Years Known	Local Phone #
Name	Address	Relationship/Years Known	Local Phone #

Character & Personal References			
Name	Address	Relationship/Years Known	Local Phone #
Name	Address	Relationship/Years Known	Local Phone #
Name	Address	Relationship/Years Known	Local Phone #

CERTIFICATION AND RELEASE: I certify that I have read and understand the general requirements of Care Providers on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I completely understand that I am submitting this Application as an interested Care Provider and that by submitting this there is no guarantee for employment. I understand that any false information, omissions, or misrepresentation of facts called for in this application may result in rejection of my application. I authorize the company and/or its agents, including consumer reporting bureaus, to verify any information including, but not limited to, work, criminal history and motor vehicle driving records. I authorize all persons, schools, companies, and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies, and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that if I am hired, my employment will be on an at-will basis, meaning that the Company can terminate me, or I can resign, at any time, with or without cause or prior notice.	
Signature (PLEASE TYPE IN ALL CAPS SIGNATURE)	Date

For Office Use Only – Interview/Comments/Reference Check /Notes
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