At Ease Home Care

88 E Broadway, 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?	☐ Y ☐ N	6) Current Drivers License?	☐ Y ☐ N
2) Elderly Care Experience?	☐ Y ☐ N	7) Reliable Vehicle?	☐ Y ☐ N
3) Enjoys working with people?	☐ Y ☐ N	8) Current Automobile Insurance?	☐ Y ☐ N
4) Professional License?	☐ Y ☐ N	9) Bus / Bike / Non-Driver?	☐ Y ☐ N
License #: _____		10) Works well in groups?	☐ Y ☐ N
Expires: _____		11) Can You Pass A Drug Test?	☐ Y ☐ 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	☐ Y ☐ N	Microsoft Word	☐ Y ☐ N
Copy Machine / Printers / Faxing	☐ Y ☐ N	Excel	☐ Y ☐ N
Ordering / Taking Inventory	☐ Y ☐ N	Outlook	☐ Y ☐ N
Typing	☐ Y ☐ N	Documenting / Reports	☐ Y ☐ N
Internet / Email	☐ Y ☐ N	Bill Pay / Invoicing	☐ Y ☐ N
Networking	☐ Y ☐ N	Scheduling	☐ Y ☐ N
Filing	☐ Y ☐ 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: _____

☐ Sunday: _____

Education:

High School Diploma or GED ☐ Y ☐ N

List College or Program Name, City and State, Dates, Subject or Degree

_____

_____

_____

_____

_____

_____

_____

_____

Personal References: (Incomplete Applications will not be considered. Phone numbers must be current.)

Provide three Personal References including Name, Relationship and Reliable Phone Number. No family members or former employers.

Name	Relationship	Phone
1)		
2)		
3)		

Emergency Contact:

Name	Relationship	Phone

Question;

Why do you want to work for AEHC and what will make you a valuable employee?

_____

_____

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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: _____