



Job description
Home care aide
Adult Care

4173 MacArthur Blvd, 1st Floor
Oakland CA 94619
510-336-2900
Fax 510-336-2903

- Cook** Prepare meals for the day and for reheating during the week
- Clean** Vacuuming, dusting, washing floors and dishes, laundry, and other household chores
- Personal Care** Bathing, assisting in toileting, turning, and assistance in other Activities of daily living
- Errands** Shopping, doctor visits, and other local trips; as requested---you must own a car for cases which require errands, or to get to houses in the hills (these are usually the larger hourly cases)

ABILITIES NEEDED TO PERFORM THE JOB

- Have a Telephone** Have a telephone at your residence which we can use to leave messages at any time of the day or night. A pager which you wear at all times is the only acceptable substitute.
- Speak English** Speak English in a way that can be understood by elderly people who suffer from hearing loss
- Read English** Read English well enough to fill out time sheets, personnel policies, city maps, and her basic instructions.
- Transfer Clients** Transferring clients weighing 150 lbs or more.
- Compatibility** Be able to provide service to the sick and elderly in a friendly, patient and caring way.
- Communicate** Be able to initiate and receive verbal communications between managers, clients, and coworkers regarding how to deliver services and in resolving service problems.
- Reliability** Arrive at work on time, keep office informed of your current phone and address, be able to start work within 12 hours of when you are asked to begin a case, and go to work at the times for which you are scheduled.
- Cook** Must be able to cook a variety of meals, and follow client's instructions for different recipes.

Becoming Eligible for Work

The following is a list of things you must do in order to become eligible for assignments. However, just because you do all these things does not mean you will be employed by Manos Home Care. Your employment will depend on the office's evaluation of your performance, information received about you, and the availability cases. Every step must be completed before employment unless otherwise noted. Manos Home Care pays for the costs of the CPR and First Aide training, TB test, fingerprints, and DMV printout.

1	Interview	You must be interviewed by one of our staff members
2	Reference Check	You must provide references for your work history which we can check. In some cases, other types of references may be substituted for work references.
3	General Session	You must attend the general policy session which covers the basic procedures and policies for all work at Manos Home Care.
4	EC or RC Session	In order to be eligible for work at Manos Home Care, you must also take the elder care (for the elderly and sick) or respite care (for disabled children) sessions.
5	CPR	If you do not have a current CPR certificate, you must take a CPR class; you must complete this course within 30 days of your employment.
6	DMV Printout	We will obtain a printout of your driving record, and notify you of any problems. Three or more tickets, suspensions, or DUIs may make you ineligible for employment.
7	Fingerprints	You must be fingerprinted. We fingerprint you at our office, and send these to the Department of Justice to verify that you are eligible to care for people in their homes.
8	Car Insurance	If you own a car, you must provide us with proof of insurance. See the <i>Insurance</i> section of this manual.
9	First Aide	Respite care providers: you must take a first aide class within two months of employment.
10	TB Test	A TB test must be taken within the first 30 days of employment.
11	Complete All Paperwork	<p>You must complete the following forms before employment; you should have filled out most of these by the time you have completed our screening process:</p> <ul style="list-style-type: none">• Application• Availability form• Letter of Agreement• I-9 & W-4 <p>In addition to these forms, you must submit copies of all tests and certificates for trainings, your drivers' license or picture I.D., and your social security card.</p>



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Wages and Benefits

Adult Care Department

Starting Wage

Hourly	\$9.00 per hour
Continuous Care	\$128.00 per day*

More Payroll Information

- We pay every week
- Holidays paid time and one-half
- Paid vacation you can take as cash
- Raises based on time employed at Manos Home Care
- Profit sharing

Benefits

Benefits accrued when averaging 24 hours or more a week.

- Kaiser Health Plan after first 90 days of full-time employment
- Prescription drug benefit with Kaiser health plan
- Dental Plan
- Vision Plan
- Vacation—Up to 4 weeks

*Continuous Care pay based on a 16-hour shift.



**Employment Application
Adult Care
Home Care Aide**

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Name _____ Previous names used _____
First Middle Last

Home: land line in your home										Cell: Your own cell phone										Message: for leaving messages									
------------------------------	--	--	--	--	--	--	--	--	--	---------------------------	--	--	--	--	--	--	--	--	--	-------------------------------	--	--	--	--	--	--	--	--	--

Apt# _____
 Number/Street/Apartment _____ City _____ State _____ Zip _____
 Have you Worked at Manos before? Yes No How did you hear about Manos? _____

Are you at least 18 years old? Yes No
 Can you show us a social security card? Yes No
 Have you ever been convicted of a felony/misdemeanor? Yes No Specify _____
 Have you ever been fired or been asked to leave a job? Yes No
 Is there any reason that you cannot perform the essential tasks of this position? Yes No
 (As listed on the job description accompanying this application.)

Skills and Education

Highest level of education _____ Degree(s) _____

Name of school _____ Location _____

What languages do you speak? _____
 Do you have a reliable car? Yes No Do you have a CNA? Yes No
 Do you have a driver's license without restrictions? Yes No Do you have current CPR and
 Do you have insurance? Yes No First Aid cards? Yes No
 Do you have any allergies? If yes, what are they? _____
 What skills do you have that are relevant to working with seniors and adults in home care?

List any allergies: _____
 In case of emergency, notify _____ Relationship _____
 Telephone _____
 Phone Number(S) Address City/State Zip Code

- I authorize Manos Home Care to investigate all statements contained in this application. I understand and agree to the following:
- Misrepresentation or omission in responding to these questions may be cause for dismissal;
 - Neither an invitation to, nor attendance at, an orientation or training constitutes an offer of employment;
 - If I am offered employment with Manos Home Care it will be on an at-will basis, that is, Manos Home Care and I each have the right to terminate the employment at any time, with or without cause;
 - If I am offered employment with Manos Home Care it may be contingent upon my passing a job-related physical examination, being bonded and proving ability to drive a car safely and legally;
 - If I am hired, Manos Home Care may require that I be photographed and fingerprinted and may investigate any job-related prior criminal convictions.
 - No one is authorized to promise me anything that differs from this agreement

I understand and agree that, if hired, my employment is for no definite period and may be terminated at any time without any prior notice. I have also received Manos Home Care's wage and benefit policy for this position.

Signature _____ Date _____

Employment History

Print Applicant Name _____

- List all employment for the last 3 years, starting with the present or most recent.
- Explain any periods of unemployment over two months by listing it in a separate row.
- If you do not have three work references, use the rows to list personal references and describe who they are.

Time (Mon / Year) (9/99)	Company/ Individual Name	Contact Person	Tele- phone Number	Address, City, State, and Zip Code	Position and Salary	Reason for Leaving
Start: _____/_____ End: _____/_____		_____ First Name _____ Last Name	_____ Area Code _____ Number	_____ Address _____ State City Zip	_____ Position _____ Wage	<input type="checkbox"/> Present <input type="checkbox"/> Quit <input type="checkbox"/> Fired <input type="checkbox"/> Laid off
Start: _____/_____ End: _____/_____		_____ First Name _____ Last Name	_____ Area Code _____ Number	_____ Address _____ State City Zip	_____ Position _____ Wage	<input type="checkbox"/> Present <input type="checkbox"/> Quit <input type="checkbox"/> Fired <input type="checkbox"/> Laid off
Start: _____/_____ End: _____/_____		_____ First Name _____ Last Name	_____ Area Code _____ Number	_____ Address _____ State City Zip	_____ Position _____ Wage	<input type="checkbox"/> Present <input type="checkbox"/> Quit <input type="checkbox"/> Fired <input type="checkbox"/> Laid off
Start: _____/_____ End: _____/_____		_____ First Name _____ Last Name	_____ Area Code _____ Number	_____ Address _____ State City Zip	_____ Position _____ Wage	<input type="checkbox"/> Present <input type="checkbox"/> Quit <input type="checkbox"/> Fired <input type="checkbox"/> Laid off

Dates	Explanation of employment gaps of over three months:
Start: _____/_____ End: _____/_____	
Start: _____/_____ End: _____/_____	
Start: _____/_____ End: _____/_____	

In case of emergency, notify _____

Telephone _____

Home Other Number/Street/ Apartment City/State Zip

I understand and agree that, if hired, my employment is for no definite period and may be terminated at any time without any prior notice. I have also received Manos Home Care's wage and benefit policy.

Date _____ Signature _____ forms\General Info

Manos Home Care Personal References

Print Applicant Name: _____

Please list personal references. Here are some examples of people you can put down:

- landlord
- People (preferably the leader) you know from being involved in:
 - churches
 - neighborhood associations
 - charities
 - community volunteer organizations
 - schools
- friends and relatives (although it is helpful to have references who are *not* friends or family)

Please to <i>not</i> list work references here. List them under <i>Employment History</i>.				
Person/ Phone Number	Title in Organiza- tion	Organiza- tion	Length of Time You Have Known Them	Describe in What Capacity or way You Know Them
1.				
2.				
3.				
4.				

Date _____ Signature _____

Manos Home Care Employee Availability Chart

Adult Care Department

Name: _____

Please fill out section ① and ②. Make sure this form states all the shifts you can perform, not just the shifts you prefer.

① Hourly Work

In the boxes below, write in the hours you are available for **hourly work**.
 List the **earliest** time you can begin a shift and the **latest** time you can end a shift.
 Cross out days that you cannot work.
 If you can work any time, day or night on a given day, print 'all' in all for boxes for that day.

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Day Shifts							
Earliest Start Time							
Latest End Time							
Night Shifts							
Earliest Start Time							
Latest End Time							

② Continuous Care

16 hour shifts with meals and a private room for sleeping and taking breaks.

- Weekday shifts: Monday mornings through Friday mornings **Yes** **No** **Relief Only**
- Weekend shifts: Friday mornings through Monday mornings **Yes** **No** **Relief Only**

Signature: _____ Date: ____/____/____

MANOS HOME CARE
LETTER OF AGREEMENT REGARDING EMPLOYMENT

This is an agreement between the signatory and Manos Home Care (MHC). I understand and acknowledge:

- | | |
|--|--|
| I Authorize MHC to Investigate Statements in my Employment Application and My Personal History | The Facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on this application may result in my dismissal. You are hereby authorized to make any investigation of my personal history through any investigative agencies or bureaus of your choice. |
| I Waive All Claims and Rights from Damages and Liability Regarding Investigations | I hereby fully waive any rights or claims I have or may have against all current and/or former employers, and their agents, employees, and representatives, and release them, and their agents, employees, and representatives, from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure or release of any such information by any person or party, whether such information is favorable or unfavorable to me. I further waive any claim against this company as a result of any information, which it obtains in this investigation. A copy of this document is the same as an original. |
| I Understand my Employment is At Will | I further understand that this application is not intended to be a contract of employment, nor does this application obligate the employer in any way if MHC decides to employ me. |
| I Authorize Character and Employment Checks and Criminal Background Checks | In making this application for employment I authorize you to make an investigative consumer report whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry, if made, may include information as to my character, general reputation, personal characteristics and mode of living. I understand I have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of any such investigative report that is made. I authorize MHC to perform criminal background checks prior and during my employment at MHC. I understand that I have the right to request a complete and accurate disclosure of the nature and scope of the investigation performed. |
| Training is not an Offer of Employment | That neither an invitation to nor attendance at an orientation or training constitutes an offer of employment by (MHC) and that no one is authorized to make any contrary promises. |
| MHC retains the right to remove me from a case for any reason | That if I am assigned to a case, MHC has the right to remove me from that case at any time, with or without cause and that such removal does not, by itself, constitute termination and that if I am removed from a case, MHC is under no duty to reassign me. |
| MHC can Terminate my Employment at any Time | That if I am hired, there is no agreement between MHC and me for any definite period of employment and that MHC and I each have the right to terminate my employment at any time, with or without cause. |
| Changes to this Agreement Must be in Writing | That this agreement may not be altered, amended, modified or otherwise changed except in writing which has been approved and signed by someone authorized by MHC to do so. |
| Agree to Take Training's | I agree to take all trainings Manos Home Care deems necessary for me to perform my job, including a two-day training program for Adult care and 8 hours of respite care training offered by Manos Home Care in order to work at the Respite Care Department. I understand that I may have to take these sessions after I begin work at Manos Home Care. In recognition of CPR/First Aid certificate as industry-standard for home care and a requirement by the Regional Centers for respite care, I agree to maintain a valid CPR/First Aide certificate. If I do not have a valid CPR First aide card, I agree to obtain a CPR/First Aid certificate by enrolling in a certified CPR/First Aid training program and take the training until I pass. I understand Manos Home Care will pay for the training costs of the CPR/First Aid course. Respite Care workers: if I cannot attend a MHC CPR/FA training, I agree to seek prior authorization t to take the course at a different location in order to be reimbursed |

Signature of Applicant

Print Name

____/____/____
Date

Appagre.for

NOTIFICATION and AUTHORIZATION TO OBTAIN INFORMATION

In connection with my application for employment with MANOS HOME CARE, I understand that prior to or at any time after my employment commences a Consumer Report may be requested for employment purposes from from public records including, but not limited to, Social Security number, motor vehicle operation history and criminal history to the extent permitted by law from various local, state, and federal agencies. Further, I understand that an Investigative Consumer Report may be requested, and, as required under §1681d (a) (1), I understand that this report will include information as to my character, general reputation, personal characteristics, mode of living, work habits, performance and experience, along with reasons for termination of past employment, whichever are applicable, obtained through personal interviews with associates who have knowledge concerning such items of information.

I voluntarily and knowingly authorize any present or past employer or supervisor, college or university or other institution of learning, administrator, law enforcement agency, state agency, local agency, federal agency, credit bureau, collection agency, private business, military branch or the national personnel records center, personal reference and/or other persons to give records or information they may have concerning my criminal history, motor vehicle history, social security number, earnings history, character, and employment (including reasons for termination) or any other information requested by Manos Home Care.

I understand that I have the right to request a complete and accurate disclosure of the nature and scope of the investigation requested. Further, I am entitled to know if employment is denied because of information obtained by my prospective employer from a Reporting Agency. If so, I will be so advised in writing and be given the name and address of the agency, a statement that the action was based in whole or in part on information contained in the Report, and written notice that I have the right (I) if I request, to obtain within sixty days a free copy of the Report from the Reporting Agency, and from any other consumer credit Reporting Agency which compiles and maintains files on consumers on a nationwide basis; and, (ii) to dispute the accuracy or completeness of any information in a consumer credit report furnished by the Reporting Agency. I understand that upon my request with reasonable notice, Manos Home Care will supply me with investigative information in my file during normal business hours in person or upon written request, by mail or telephone as permitted by law.

I understand that *any* Consumer Report or Investigator Consumer Report requested will be used strictly for employment purposes as defined under the Fair Credit Reporting Act §603(h), as a report to be used for the purpose of evaluation for employment, promotion, reassignment or retention as an employee. I further understand that *any* offer for employment, promotion, or reassignment will be conditional upon the receipt of satisfactory information as required and that to be considered for employment, promotion, or reassignment; I must authorize the procurement of such Report(s). A photographic faxed copy of this Notification and Release Authorization shall be as valid as the original.

Last name _____ First name _____ Middle initial _____
Home address _____
City _____ state _____ zip _____
_____-_____-_____- _____
(Social Security Number) (Driver's license or state ID Number) (State issued)

For identification purposes, please provide
Month of birth: _____ (Jan.-Dec.) And day of month born: _____ (1-31) year of birth: _____ (yoyo)
Have you used any names or social security numbers other than the above? ___yes ___no
Please List Other Names Used _____ Please listed other S.S. Numbers
Used: _____

SIGNED: _____ DATE: _____
(Signature Authorizes the Procurement of Consumer Report and/or Investigative Consumer Report)