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| **Next Level Care Solutions Student Applicant Guide & Requirements** |

Set below is Next Level Care Solutions student participant application guide:

**Download application, fill out completely, save under your name, email along with letters of recommendation, and additional supporting documentation to:**

[**nlcsnewapplicants@gmail.com**](mailto:nlcsnewapplicants@gmail.com)

**Or Mail to:**

**7395 El Camino Real #470**

**Atascadero, CA 93422-4337**

**Prior to Submitting Application**, Applicant Understands the Requirements of a Next Level Care Solutions Student Participant include but are not limited to:

* Submit resume and cover letter with application
* **Submit a combination of at least three letters of recommendation or more with application, consisting of the following:**
* **At least one or more professional letters of recommendation based on employment, volunteer work, internship experience**
* **At least one or more professional letters from teachers, professors, or coaches**
* A valid, current driver’s license and active auto insurance on any vehicle he/she drives
* 18 years of age or older
* Applicant is Legally Eligible to Work in the United States under the Immigration Reform and Control Act
* Submit verification of any additional skills and/or certifications listed with this applications submission
* A full-time college student (carrying 12-18 units)
* Submit a copy of registered classes of the semester you are applying to be considered as a Next Level Care Solutions student participant
* Have and maintain a 3.0 GPA or higher
* Submit a copy of last semesters GPA

Letters of recommendation should include but are not limited to areas where the student has successfully worked independently and as a team player. Students selected for Next Level Care Solutions program will have provided examples of their abilities to take initiative offering assistance without being prompted to do so, to quickly assess a situation and what is needed, their organizational skills, and their ability to delegate with a calm and helpful demeanor. Next Level Care Solutions student participants will be working independently with our selected seniors.

please note: Individuals who Provide Letters of Recommendation will be contacted and verified.

additionally, up to three of These Individuals will be met with in person or video conference call by an Next Level Care Solutions representative

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| **Next Level Care Solutions Student Participant Application**  **INSTRUCTIONS:** If you need help filling out this Next Level Care Solutions application form or for any phase of the Next Level Care Solutions application process, please notify the person who gave you this form and every reasonable effort will be made to meet your needs in a reasonable amount of time.  **Please read "Applicant Note” below:**  \*Complete all pages of Next Level Care Solutions application  \*Print clearly. Incomplete or illegible applications may not be accepted  \*Application will be valid for 60 days  **APPLICANT NOTE:** This application form is intended for use in screening and evaluating your qualifications to provide in-home nonmedical assistance for Next Level Care Solutions approved senior. This is not an employment contract, or a contract for employment with Next Level Care Solutions. Please answer all appropriate questions completely and accurately. Information obtained by Next Level Care Solutions will not be for purchase to be used at any time, for any reason, additionally for marketing or static analysis purposes for any reason. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after independent contract with Next Level Care Solutions senior participant begins, termination of contract with the Next Level Care Solutions senior participant will be immediate. All qualified applicants will receive consideration and will be treated throughout their participation with Next Level Care Solutions without regard to race, color, religion, sex, national origin, age, disability, or any other protected class status under applicable law. Additional testing for the presence of illegal drugs in your body may be required by your selected Next Level Care Solutions senior participant prior to starting a contract with the Next Level Care Solutions senior participant. | | | | | | | We are an Equal Opportunity Employer and are committed to excellence through diversity. | | Please print or type. The application must be fully completed to be considered.  \*Please complete each section, attach a resume, letters of recommendation, copy of any certification(s), and verification information for attached certification(s). |
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| **Personal Information** | | | | | | | | | |
| Name: Last | | | First | | | | Middle Initial | | |
| Click or tap here to enter text. | | | Click or tap here to enter text. | | | | Click or tap here to enter text. | | |
| Address |  | | City | | | | State | | Zip |
| Click or tap here to enter text. | | | Click or tap here to enter text. | | | | Click or tap here to enter text. | | Click or tap here to enter text. |
| Mobile Number | Alternate Number | | Email Address | | | |  | |  |
| Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | | | | | | |
| Valid Driver’s License:  Yes  No  Do You Have an Active Auto Insurance Policy?  Yes  No | | | Provide Auto Insurance Company Below:  Click or tap here to enter text.  Expiration Date: Click or tap here to enter text. | | | | | | |
| **Education** | | | | | | | | | |
| School Name | | Address | | Years Attended | | Degree Received | | | Major |
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| **References** | | | | | | | | | |
| Name | | Title | | | Company | | | Phone & Address | |
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| **Provide Information for Those Whom Provided Letter of Recommendation** | | | | | | | | | |
| Name | | Title | | | Affiliation | | | Phone & Address | |
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| **Employment History** | | | | |
| **Employer (1)** |  | Job Title |  | Dates Employed |
| Click or tap here to enter text. | | Click or tap here to enter text. | | Click or tap here to enter text. |
| Work Phone |  | Starting Pay Rate |  | Ending Pay Rate |
| Click or tap here to enter text. | | Click or tap here to enter text. | | Click or tap here to enter text. |
| Address |  | City | State | Zip |
| Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Employer (2)** |  | Job Title |  | Dates Employed |
| Click or tap here to enter text. | | Click or tap here to enter text. | | Click or tap here to enter text. |
| Work Phone |  | Starting Pay Rate |  | Ending Pay Rate |
| Click or tap here to enter text. | | Click or tap here to enter text. | | Click or tap here to enter text. |
| Address |  | City | State | Zip |
| Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Employer (3)** |  | Job Title | | Dates Employed |
| Click or tap here to enter text. | | Click or tap here to enter text. | | Click or tap here to enter text. |
| Work Phone |  | Starting Pay Rate |  | Ending Pay Rate |
| Click or tap here to enter text. | | Click or tap here to enter text. | | Click or tap here to enter text. |
| Address |  | City | State | Zip |
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| **Next Level Care Solutions Student Participant Application** |

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| Are You Willing to Assist Senior Citizens as an Independent In-Home Care Aide Providing Non-Medical Care to a Next Level Care Solutions Senior Participant?  Yes  No | Are You Willing to Register with California Department of Social Services as an In-Home Care Aide?  Yes  No |
| Are You Willing to Provide a Criminal Background Check from the DOJ (Department of Justice)? As Well As Register Your Fingerprints Through Live Scan?  Yes  No | Are You Willing to Sign Contracts and Privacy Forms Between You and the Next Level Care Solutions Senior Participant Pertaining to the Specific In-Home Care You Would Potentially be Providing a Next Level Care Solutions Senior Participant?  Yes  No |
| Are You Willing to Provide Assistance for a Next Level Care Solutions Senior Participant Who Has a Pet?  Yes  No | Are You Willing to Provide Assistance for a Next Level Care Solutions Senior Who Has Farm Animals?  Yes  No  \*Please Consider You May be Asked to Assist the Next Level Care Solutions Senior Participant When They Care for These Animals in Their Daily Routine |
| Are You Willing to Sign Contracts and Privacy Forms Stating You Are Free of Communicable Diseases Which Could Potentially be Life Threatening to a Next Level Care Solutions Senior Participant?  Yes  No | Are You Willing to Complete HIPAA Training and Become HIPAA Certified?  Yes  No  (\*Online Course is Typically Less than two hours) |
| Do You Have CPR and First Aide Certification?  Yes  No  (\*If So, Attach Verification of Each to Application) | Do You Currently Have a Mobile Phone?  Yes  No  Are You Willing to Use Your Mobile Phone to Meet the Needs as an Independent In-Home Care Aide?  Yes  No |
| Are You Fluent with Other Languages? Yes  No  If Yes, Please List Below:   |  | | --- | | Click or tap here to enter text. |   Would You Feel Confident Living with a Senior Who Speaks one of these Languages as their Primary Language? Yes  No | Are You a Certified Sign Language Interpreter?  Yes  No  If Yes, Please Attach Certification to Application for Verification  Would You Feel Confident Living with a Senior Whose Primary Language is Sign Language? Yes  No |

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| **Next Level Care Solutions Student Participant Application (Continued)** |

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| Do You Have Additional Special Certifications?  Yes  No  \*If So, Provide Below and Attach Verification of Each to this Application: |
| Click or tap here to enter text. |
| Click or tap here to enter text. |
| Have You Ever Experienced Caring for Another Person Longer Then A Week or Two?  Yes  No  \*If So, Please Describe Below: |
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| Click or tap here to enter text. |
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| Click or tap here to enter text. |
| Do You Have Any Experience with Dementia or Alzheimer’s Disease?  Yes  No  \*If So, Please Describe Below and Provide Information for Verification: |
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| **College Enrollment Information** |
| Name of College You Are Currently Enrolled In:  Click or tap here to enter text. |
| What Degree/Field of Study Are You Working Towards:  Click or tap here to enter text. |
| Semester You Are Applying to be Next Level Care Solutions Senior In-Home Care Aide: Spring 2020  Fall 2020 |
| For the Semester You Are Applying to be a Next Level Care Solutions Senior In-Home Care Aide, How Many Units Are You Enrolled in? (\*Unit Requirements are a Minimum of 12 Units and a Maximum of 18 Units Each Semester)  Click or tap here to enter text. |
| Please Indicate Days and Times of the Day **You Will be in Class** or **Typically NOT Available** to Provide Assistance to a Next Level Care Solutions Senior Participant:     |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |   **\*Student Applicants MUST Attach Copy of Semester Classes\*** |
| What Are Your Career or Continued Educational Goals After Graduation? Provide Below: |
| Click or tap here to enter text. |
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| **College Enrollment Information (Continued)** |
| From the knowledge you have about Next Level Care Solutions and Based on Your Career or Continued Educational Goals, What Do You Feel Your Experience as a Next Level Care Solutions Senior In-Home Care Aide, Will Contribute to Your Future Goals?  Describe Below: |
| Click or tap here to enter text. |
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| Name a Few People Who Have Inspired You and Why? |
| Click or tap here to enter text. |
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| **Signature Disclaimer** |

\*Before Submitting Application Please Verify You Have Completed and Attached Required Amount of Personal and Professional Letters of Recommendation.

**CERTIFICATION AND RELEASE:** I certify that I have read and understand the applicant note on page one (1) 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 understand that any false information, omissions or misrepresentations of facts in this application may result in rejection of my application or discharge at any time during my agreed upon contract with a Next Level Care Solutions senior participant. I authorize Next Level Care Solutions and/or its agents, including consumer-reporting bureaus, to verify any of this information including, but not limited to, 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 release this company from any liability which might result from making such investigations. I also understand that the use of illegal drugs is prohibited during my agreed upon contract with a Next Level Care Solutions senior participant. I am willing to submit to drug testing to detect the use of illegal drugs prior to and during my agreed upon contract terms with a Next Level Care Solutions senior participant. I understand that this application is not a contract of employment. My application approval is contingent upon confirmation of credentials and successful completion of a criminal background check. My signature below acknowledges that I have read, understand, and agree to the above disclosure. I also understand that due to the nature of the Next Level Care Solutions program, being approved by Next Level Care Solutions and selected by a Next Level Care Solutions senior participant may not be guaranteed at this time.

Provide Electronic Signature Below:

Click or tap here to enter text. Click or tap to enter a date.

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**APPLICANT SIGNATURE DATE**

Click or tap here to enter text.

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**PRINT NAME**

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| I certify that my answers are true and complete to the best of my knowledge.  If this application leads to being selected by a Next Level Care Solutions senior participant, I understand that false or misleading information in my application or interview may result in immediate termination of my independent in-home care contract with my Next Level Care Solutions senior participant, immediate removal from the Next Level Care Solutions senior’s residence, and my student advisor will receive written notification regarding my termination. | | |
| Name (Please Print) |  | Electronic Signature |
| Click or tap here to enter text. | | Click or tap here to enter text. |
| Date  Click or tap to enter a date. | |