



BELLA VIDA
HOME HEALTH CARE

APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER. INSTRUCTIONS: 1) PLEASE FILL OUT THE APPLICATION COMPLETELY, EVEN IF YOU ATTACH A RESUME. 2) ALL QUESTIONS MUST BE ANSWERED. 3) NON-RESPONSIVE INFORMATION STATED ON THIS APPLICATION AND OTHER HIRING FORMS WILL DISQUALIFY THE APPLICANT FROM CONSIDERATION.

PERSONAL INFORMATION

NAME (FIRST, MIDDLE, LAST)			DATE	
PRESENT ADDRESS		CITY	STATE	ZIP CODE
PHONE NUMBER		EMAIL ADDRESS		REFERRED BY
CELL				
OTHER #				

POSITION YOU ARE APPLYING FOR		DATE YOU CAN START		DESIRED SALARY	
ARE YOU CURRENTLY EMPLOYED			IF YES, MAY WE CONTACT YOUR CURRENT EMPLOYER		
	YES		NO		NO
HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE			HAVE YOU EVER WORKED FOR THIS COMPANY BEFORE		
	YES		NO		NO
IF YES, WHEN			IF YES, WHEN		

HOW DID YOU HEAR ABOUT US:

PREFERRED SCHEDULE

FULL TIME

PART TIME

TEMPORARY

PLEASE CHECK ANY SHIFT YOU ARE WILLING TO WORK

MORNING AFTERNOON EVENING HOLIDAYS WEEKENDS OVERNIGHTS WORK ANY SHIFT

PLEASE CHECK EACH DAY YOU ARE AVAILABLE TO WORK

SUNDAY MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY NO PREFERENCE

WILL YOU WORK OVERTIME IF NECESSARY YES NO

DO YOU HAVE ANY ONGOING OBLIGATIONS OR OTHER PERSONAL COMMITMENTS THAT WOULD AFFECT YOUR WORK SCHEDULE
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	YES		NO	
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IF YES, PLEASE EXPLAIN:

PERSONAL

IF REQUESTED, WOULD YOU BE WILLING TO TAKE A DRUG/ALCOHOL SCREENING EXAM AS A CONDITION OF EMPLOYMENT			
	YES		NO
ARE YOU AT LEAST 18 YEARS OLD			YES
CAN YOU PROVIDE DOCUMENTED PROOF OF U.S. CITIZENSHIP OR, IF AN ALIEN, PROOF OF AUTHORIZATION TO WORK IN THE UNITED STATES			NO
	YES		NO
HAVE YOU EVER BEN DISCIPLINED OR TERMINATED			YES
IF YES, PLEASE EXPLAIN:			
ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS FOR THE JOB FOR WHICH YOU ARE APPLYING, WITH OR WITHOUT ACCOMODATIONS			
	YES		NO
IF NO, PLEASE EXPLAIN:			

EDUCATION AND TRAINING

	SCHOOL NAME CITY AND STATE	# OF YEARS ATTENDED	MAJOR SUBJECTS, SPECIAL COURSES, AND DEGREES
HIGH SCHOOL			
COLLEGE OR UNIVERSITY			
GRADUATE SCHOOL			
OTHER EDUCATION			
LICENSES AND CERTIFICATES			
OTHER SKILLS			

LIST ANY LANGUAGES OTHER THAN ENGLISH WHICH YOU CAN SPEAK, READ, OR WRITE THAT COULD BE OF BENEFIT			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

PLEASE LIST ANY OTHER EXPERIENCE, SKILLS OR ANY OTHER QUALIFICATONS WHICH YOU BELIEVE SHOULD BE CONSIDERED WHEN EVALUATING YOUR APPLICATION

EMPLOYMENT RECORD: DO NOT INDICATE, "SEE RESUME". BEGIN WITH YOU PRESENT OR MOST RECENT EMPLOYER AND POSITION, AND WORK BACK. PLEASE ATTACH AN ADDITIONAL SHEET IF NECESSARY AND INCLUDE ALL PERIODS OF UNEMPLOYMENT.

EMPLOYER NAME			
EMPLOYER ADDRESS			
SUPERVISORS NAME		SUPERVISORS PHONE NUMBER	
POSITION HELD			
EMPLOYMENT BEGAN		EMPLOYMENT ENDED	
DUTIES			
REASON FOR LEAVING			
MAY WE CONTACT THIS EMPLOYER		YES	NO

EMPLOYER NAME			
EMPLOYER ADDRESS			
SUPERVISORS NAME		SUPERVISORS PHONE NUMBER	
POSITION HELD			
EMPLOYMENT BEGAN		EMPLOYMENT ENDED	
DUTIES			
REASON FOR LEAVING			
MAY WE CONTACT THIS EMPLOYER		YES	NO

EMPLOYER NAME			
EMPLOYER ADDRESS			
SUPERVISORS NAME		SUPERVISORS PHONE NUMBER	
POSITION HELD			
EMPLOYMENT BEGAN		EMPLOYMENT ENDED	
DUTIES			
REASON FOR LEAVING			
MAY WE CONTACT THIS EMPLOYER		YES	NO

WORK REFERENCES: PLEASE PROVIDE A MINIMUM OF THREE

FIRST NAME, LAST NAME	COMPANY & TITLE	RELATIONSHIP TO YOU	TELEPHONE NUMBER

PERSONAL REFERENCES: PLEASE PROVIDE A MINIMUM OF TWO PEOPLE WHO ARE NOT RELATED TO YOU

FIRST NAME, LAS NAME	COMPANY & TITLE	RELATIONSHIP TO YOU	TELEPHONE NUMBER

CERTIFICATE OF APPLICANT (READ CAREFULLY BEFORE SIGNING)

All information provided by me is true and correct to the best of me knowledge. I understand omissions or misrepresentations may result in rejection of my application or if employed may result in subsequent dismissal. I hereby authorize all former employer, educational institutions, personal references and others identified herein, including their employees or representatives, to furnish or provide full and complete reports, documents or information to Bella Vida Home Care or its representative concerning y prior education and work histories, criminal and driving records, or other information I have provided herein. I waive, release indemnity and hold harmless Bella Vida Home Care, its subsidiaries or affiliate companies, employees and representatives and all other persons or entities from all liability and all claims of any nature whatsoever pertaining to the disclosure or use of information or written material as described above. I understand this is a preliminary application and not a contract of employment. Furthermore, in the event I am employed, my employment shall be completely voluntary and may be terminated “at will” at any time, for any reason by either myself or the company. I understand that any employment agreement to the contrary must be in writing and approved by ownership. If employed, I agree to comply with all the rules of the employer as a condition of continued employment.

APPLICANT SIGNATURE: _____ DATE: _____