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HOME CARE WORKER APPLICATION

PRIME ASSIST HOME CARE provides equal employment opportunity to all qualified person and does not unlawfully discriminate against anybody based on race, color, creed, religion, sex, national origin, age, disability, marital status, sexual orientation, or any other legally protected status.

- Complete all items on the application, even if the information is included on your resume or other document submitted by you.
- Sign and date your application
- Type and print all requested information.
- If necessary, attach additional 8 ½" x 11" sheets of paper to this application.

PERSONAL INFORMATION

Last Name		Middle		First Name	
Street Address (City, State, Zip Code)				Apartment #	
City	State	Zip Code		Birth Date	
Home Phone #		Mobile #		Email Address	
Social Security #				Driver's License # (State/No.)	

GENERAL INFORMATION

Are you legally eligible for work in the U.S.A.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever applied to or worked for PRIME ASSIST HOME CARE before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of a felony? If yes, please explain. _____ _____ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

EMERGENCY CONTACTS		
Name	Relationship	Phone Number
Name	Relationship	Phone Number
EDUCATION		
High School/GED	City	
State	Years of Education	
College	City	
State	Years of Graduation	Degree
WORK HISTORY		
List your last three employers beginning with your current or most recent employer		
Employer's Name		Telephone #
Address (City, State, Zip Code)		
Years of Employment: From	To	
Title of Position		
Job Description		
Employer's Name		Telephone #
Address (City, State, Zip Code)		
Years of Employment: From	To	
Title of Position		
Job Description		

Employer's Name		Telephone #
Address (City, State, Zip Code)		
Years of Employment: From	To	
Title of Position		
Job Description		
REFERENCES		
Name	Telephone #	
Address		
Relationship to this person		
Name	Telephone #	
Address		
Relationship to this person		
Name	Telephone #	
Address		
Relationship to this person		
<p>Do you have any special interests, skills, or hobbies? Include leisure activities (crafts, sports, games, music, art, foreign languages, religious or cultural interests, etc.)</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>		

SIGNATURE/CERTIFICATION

I certify that the facts set forth in this application are true, complete, and correct to the best of my knowledge. I understand that any misrepresentations, falsifications, or omissions on this application can be grounds for rejection of my application or, if I am employed by this company, for my immediate termination from employment. I authorize PRIME ASSIST HOME CARE to make any necessary inquiries and investigations into my education or employment history. I further authorize, unless otherwise indicated on this application, the release of my information to PRIME ASSIST HOME CARE by any of the schools, or employers listed on this application.

Signature:

Date:

Question? Please call PRIME ASSIST HOME CARE at (310) 430-3228

Address: 7725 Gateway #1214 Irvine, California 92618 | Phone: 310.430.3228 | Fax: 800.509.8931
Email: qualitycare@primeassisthc.com | www.primeassisthc.com