



709 Brea Canyon Road Unit #3
Walnut, CA 91789
Phone: (626) 510-2074
Fax: (626) 521-6395

To All Employment Applicants:

A CARE HOME HEALTH is an equal opportunity employer and complies with all laws prohibiting discrimination on the basis of race, color, age, sex, national origin, religion citizenship, handicap, height, weight and marital status.

Under the Handicap Civil Rights Act, an employer has a legal obligation to accommodate an employee or job applicant's handicap unless doing so would impose an undue hardship on the employer. A handicapper may allege a violation against an employer regarding a failure to accommodate his or her handicap under the law only if the handicapper notified the employer in writing of the need for accommodation within 182 days after the date handicapper knew or reasonably should have known that an accommodation was needed.

I hereby authorize an investigation of my past employment, activities and statements contained in this application and release from all liability and responsibility, **A CARE HOME HEALTH**, and all persons, companies or corporations supplying such information.

I understand that such information may include a record of disciplinary action assessed by previous employers, and hereby release such parties from any obligation to supply me with written notification of such disclosure.

I certify that the above information about myself is correct and understand completion of a physical examination which includes a drug screen, completion of an employment eligibility verification, and upon receipt of satisfactory references.

I understand that if employed by **A CARE HOME HEALTH**, I may be subject to a medical evaluation to determine suitability to work in accordance with policy and procedure.

Name: _____ Social Security No: _____

Signature: _____ Date: _____

IMPORTANT: This signed document must accompany all Applications for Employment.



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Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes _____ No _____

Remarks _____

Interviewer

Date

Employed Yes _____ No _____ Date of Employment _____

Job Title _____ Hourly Rate/Salary _____ Department _____

By: _____

Name and Title

_____ Date

NOTES:



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Personal Information

Name (Last name, First name): _____

Address (Street Address): _____

Address (City/State/Zip): _____

E-Mail Address: _____

Phone #: _____ Cell #: _____

Are you 18 years old or older? Yes No

DESIRED EMPLOYMENT

Position: _____ Date you can start: _____ Salary Desired: _____

Are you employed now?
 Yes No

If so may we inquire of your present employer?
 Yes No

Ever applied to this company before?
 Yes No

Where? _____ When? _____

Ever worked for this company before?
 Yes No

Where? _____ When? _____

Reason for leaving: _____

Name of last supervisor at this company: _____

Who referred you Employment Agency Newspaper Advertising State Employment Office
 to this company? College Placement Service Walk-in Friend Other

Education

School Level	Name and Location	# of years attended	Did you graduate?	Subjects Studied
Grammar School				
High School				
College				
Trade, Business or Correspondence School				

GENERAL

Subjects of Special Study or research work: _____

Special Training: _____

Special Skills: _____



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FORMER EMPLOYERS

LIST BELOW LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT ONE FIRST

Name of present or last employer: _____
Address: _____ City: _____ State: _____ Zip: _____
Starting Date: _____ Leaving Date: _____ Job Title: _____
Weekly Starting Salary: _____ Weekly Final Salary: _____

May we contact your supervisor? Yes No
Name of Supervisor: _____ Title: _____ Phone: _____

Description of Work: _____

Reason For Leaving: _____

Name of present or last employer: _____
Address: _____ City: _____ State: _____ Zip: _____
Starting Date: _____ Leaving Date: _____ Job Title: _____
Weekly Starting Salary: _____ Weekly Final Salary: _____

May we contact your supervisor? Yes No
Name of Supervisor: _____ Title: _____ Phone: _____

Description of Work: _____

Reason For Leaving: _____

Name of present or last employer: _____
Address: _____ City: _____ State: _____ Zip: _____
Starting Date: _____ Leaving Date: _____ Job Title: _____
Weekly Starting Salary: _____ Weekly Final Salary: _____

May we contact your supervisor? Yes No
Name of Supervisor: _____ Title: _____ Phone: _____

Description of Work: _____

Reason For Leaving: _____



717 Brea Canyon Road Suite #3
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APPLICATION FOR EMPLOYMENT

REFERENCES

Below, give the names of three persons you are not related to, whom you have known for at least one year.

Name	Address	Business	Years Acquainted
1.			
2.			
3.			

SERVICE RECORD

BRANCH OF SERVICE	DISCHARGE DATE/ RANK
--------------------------	-----------------------------

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 5 YEARS? <input type="checkbox"/> Yes <input type="checkbox"/> No
IF YES, EXPLAIN. (WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION)

AUTHORIZATION

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY ANY AUTHORIZED COMPANY REPRESENTATIVE.

Signature: _____ Date: _____



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APPLICATION FOR EMPLOYMENT

**DO NOT WRITE ON THIS PAGE
FOR INTERVIEWER'S USE ONLY**

INTERVIEWED BY	DATE

INTERVIEWED BY	DATE

INTERVIEWED BY	DATE

Hired Date (For Dept.): _____ For Position: _____

Salary Wages: _____ Will Report: _____

APPROVED 1 (EMPLOYMENT MANAGER): _____ DATE: _____

APPROVED 2 (EMPLOYMENT MANAGER): _____ DATE: _____



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RELEASE OF INFORMATION AUTHORIZATION

I hereby authorize **A CARE HOME HEALTH** it's staff, its affiliates, and its agents to request information from, and consult with, former employees, education institutions, local, state, and federal law information regarding my competence, character and qualifications, and any and all other source deemed appropriate by **A CARE HOME HEALTH**.

I hereby release **A CARE HOME HEALTH**. Its staff, its affiliates, audits agents from any and all liability for their acts performed in the investigation, consideration, and evaluation of my credentials and qualifications, and other applicable background information for my employment consideration. I understand that nothing in this authorization is intended to create a promise of employment or any contractual rights. I further understand that any misrepresentation of facts and falsification regarding my employment history, academic attainments, or qualifications, or other background information may cause to disqualify me from further consideration as a candidate for employment with **A CARE HOME HEALTH** and, if employed, shall be grounds for dismissal.

I am willing that a photocopy of facsimile transmittal of this authorization be accepted with the same authority as the original, and I specifically waive written notice of any information provided by and present or previous employer.

PLEASE PRINT

Name: _____ Social Security No. _____

Other Name(s) Use in H.S. _____ Can we contact your
Or College or Previous Work: _____ present employer? _____ YES _____ NO

Signature: _____ Date: _____

For Personnel Use Only

Position Applied For: _____ Date: _____

Time: _____

_____ (2 ref, acad., lic / cert) _____ (1 ref, acad., lic / cert)

Additional Items:

____ Cert / Reg ____ Driving Record ____ Criminal Record ____ Civil Record

REMARKS:



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EMPLOYMENT VERIFICATION CHECK

(Please submit 2 previous employers for verification first)

EMPLOYEE NAME: _____

_____ NAME OF THE COMPANY: _____

ADDRESS: _____

_____ TELEPHONE _____

NO.: _____ SUPERVISOR: _____

DATE EMPLOYED FROM: _____ TO: _____

REASON FOR LEAVING: _____

POSITION: _____

I authorize **A CARE HOME HEALTH**, to verify the following information regarding my character and services.

 EMPLOYEE SIGNATURE

 DATE

----- OFFICE USE ONLY -----

EVALUATION	EXCELLENT	GOOD	FAIR	POOR
Knowledge				
Quality				
Quantity				
Attitude				
Dependability				
Punctuality				

Eligible for Rehire? Yes _____ No _____

If No Why? _____

COMMENTS: _____

 OFFICE PERSONNEL

 DATE



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EMPLOYMENT VERIFICATION CHECK

(Please submit 2 previous employers for verification first)

EMPLOYEE NAME: _____

NAME OF THE COMPANY: _____

ADDRESS: _____

TELEPHONE _____

NO.: _____ SUPERVISOR: _____

DATE EMPLOYED FROM: _____ TO: _____

REASON FOR LEAVING: _____

POSITION: _____

I authorize **A CARE HOME HEALTH**, to verify the following information regarding my character and services.

EMPLOYEE SIGNATURE

DATE

----- OFFICE USE ONLY -----

EVALUATION	EXCELLENT	GOOD	FAIR	POOR
Knowledge				
Quality				
Quantity				
Attitude				
Dependability				
Punctuality				

Eligible for Rehire? Yes _____ No _____

If No Why? _____

COMMENTS: _____

OFFICE PERSONNEL

DATE