



## ***Alaphia Care Home Health Services Inc.***

10630 Town Center Drive Ste. 116

Rancho Cucamonga, CA 91730

(909) 458-0578

### **APPLICATION FOR EMPLOYMENT**

All prospective employees will receive consideration without discrimination because of race, color, creed, age, natural origin and handicap. All information provided herein will be kept.

#### **PERSONAL**

Date:

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Last Name:

First Name:

Middle Name:

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Street Address:

Home Phone:

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City:

State:

Zip Code:

Cell Phone:

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S.S.#

Emergency contact (Person not living with you) \_\_\_\_\_

Have you ever applied for employment with this Agency?      Yes      No

How many hours a week are you available for work ? \_\_\_\_\_

Are you legally eligible for employment in the United States?      Yes      No

How did you learn of our organization?      Newspaper      Ad Agency Employee      Other

Are you willing to work:                      Mornings                      Evenings                      Weekends?

Position applying for:                      LVN                      RN                      Therapist (Specify)

Other \_\_\_\_\_

**EDUCATION:**

<b>School Name:</b>	<b>Location of School:</b>	<b>Course of Study Degree/Study</b>	<b>Yrs./Diploma</b>
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College:

_____	_____	_____	_____
_____	_____	_____	_____

Vo-Tech or Trade:

_____	_____	_____	_____
_____	_____	_____	_____

High School:

_____	_____	_____	_____
_____	_____	_____	_____

Other:

_____	_____	_____	_____
_____	_____	_____	_____

**EMPLOYMENT:**

List the last five years employment history, starting with the most recent employer.

1. Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Date of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_  
Starting Pay: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Describe your job duties:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_

2. Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Starting Pay: \_\_\_\_\_

Job Title: \_\_\_\_\_

Describe your job duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_

3. Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Starting Pay: \_\_\_\_\_

Job Title: \_\_\_\_\_

Describe your job duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_

**Was your last name different from your present name during the above listed jobs?**

Yes No

If yes, what was your name? \_\_\_\_\_

Are you currently employed? Yes No

Do you have reliable transportation? Yes No

### **Professional References**

#### **Persons who can furnish information about job performance**

1. Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Address: \_\_\_\_\_

2. Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Address: \_\_\_\_\_

3. Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Address: \_\_\_\_\_

**General**

**Have you ever been convicted of a crime in the past 5 years, barring employment in a Home Care and community support agency?**      Yes      No

**Conviction will not necessarily disqualify an applicant from employment.**

**If yes, describe in full:**

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**Are you capable of performing the job set forth in the job description?**      Yes      No

**If you answered no, which job requirement can you not meet?**

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**CREDENTIALS/ SPECIALIZED SKILLS& QUALIFICATIONS/EQUIPMENT OPERATED**

List all states in which licensed giving registration and expiration date. Summarize special job-related skills and qualification acquired from employment or other experience.

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**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 GROUND FOR DISMISSAL.**

**I Authorize complete investigation of all statements contained herein and hereby give full permission for the agency to contact and fully discuss my background and history with all persons and entities listed above to give the Agency all information concerning my previous employment any information they may have, and release all former employees and others listed above from all liability for any damage that may result from furnishing the same to the agency.**

**I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time for any lawful reason, without prior notice and with or without cause.**

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

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

## **APPLICANT'S REFERENCE CHECK (1)**

To Whom It May Concern:

The applicant named below has applied for employment with our firm. Please verify employment and rate the performance of the candidate. This information will not be given to the employee

To be filled out by applicant:

Applicant Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Previous employer: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

I hereby authorize the following information to be released for all previous employers listed. I release you and all persons and organizations from all claims and liabilities of any nature from any information given.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

To be completed by previous employer:

Date of employment: From: \_\_\_\_\_ To: \_\_\_\_\_ Position Held: \_\_\_\_\_

Would you rehire this individual? Yes \_\_\_ No \_\_\_

Responsibilities:

\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving:

\_\_\_\_\_  
\_\_\_\_\_

Rate of Pay: (weekly, Biweekly, salary): \_\_\_\_\_

Additional comments (training/skills)

Reference check performed by \_\_\_\_\_

## **APPLICANT'S REFERENCE CHECK (2)**

To Whom It May Concern:

The applicant named below has applied for employment with our firm. Please verify employment and rate the performance of the candidate. This information will not be given to the employee.

To be filled out by applicant:

Applicant Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Previous employer: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

I hereby authorize the following information to be released for all previous employers listed. I release you and all persons and organizations from all claims and liabilities of any nature from any information given.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ To

be completed by previous employer:

Date of employment: From: \_\_\_\_\_ To: \_\_\_\_\_ Position Held: \_\_\_\_\_

Would you rehire this individual? Yes \_\_\_ No \_\_\_

Responsibilities:

\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving:

\_\_\_\_\_  
\_\_\_\_\_

Rate of Pay: (weekly, Biweekly, salary): \_\_\_\_\_

Additional comments (training/skills)

Reference check performed by \_\_\_\_\_

# Employee Emergency Contact Information

Employee Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Next of Kin: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

In case of an emergency, please contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

## **Instructions:**

Please save and submit this form.