



## APPLICATION FOR EMPLOYMENT

Before you proceed further, you should be aware that your failure to complete the application fully and accurately will preclude us from completing the consideration process or termination from employment if inaccurate or omitted information is discovered after your employment begins.

### PERSONAL INFORMATION

Name (Last, First, Middle)		
Present Address		
City	State	Zip
List all other names by which you have been known:		
Social Security Number	Telephone Number	Are you at least 18 years of age: yes <input type="checkbox"/> no <input type="checkbox"/>
Are you a U.S. Citizen or an alien authorized to work in the U.S.? yes <input type="checkbox"/> no <input type="checkbox"/>		
Position Desired:		
Date you can start work:	Salary desired:	Referred by:
Employment Desired: Full time <input type="checkbox"/> Part time <input type="checkbox"/> Contract <input type="checkbox"/> Per Diem <input type="checkbox"/>		
Ever applied to this company before? yes <input type="checkbox"/> no <input type="checkbox"/> Ever worked for our company before? yes <input type="checkbox"/> no <input type="checkbox"/> When?		

Previous addresses. List all places of residence for the last 7 years

Address	City	State	County	Dates: From/To

### EMPLOYMENT INFORMATION

List work experience starting with the present or most recent. List all places of employment for the last seven (7) years including service, voluntary activities, and account for any periods of unemployment.

Are you employed now? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, may we contact your present employer? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Employer Name:			
Employer Address:			
Starting Date:	Leaving Date:	Starting Salary:	Ending Salary:
Job Title:		Name of Supervisor:	
Description of duties:			
Reason for leaving: Voluntary <input type="checkbox"/> Involuntary <input type="checkbox"/>			

Employer Name:			
Employer Address:			
Starting Date:	Leaving Date:	Starting Salary:	Ending Salary:
Job Title:		Name of Supervisor:	
Description of duties:			
Reason for leaving: Voluntary <input type="checkbox"/> Involuntary <input type="checkbox"/>			

Employer Name:			
Employer Address:			
Starting Date:	Leaving Date:	Starting Salary:	Ending Salary:
Job Title:		Name of Supervisor:	
Description of duties:			
Reason for leaving: <span style="float: right;">Voluntary <input type="checkbox"/> Involuntary <input type="checkbox"/></span>			

Employer Name:			
Employer Address:			
Starting Date:	Leaving Date:	Starting Salary:	Ending Salary:
Job Title:		Name of Supervisor:	
Description of duties:			
Reason for leaving: <span style="float: right;">Voluntary <input type="checkbox"/> Involuntary <input type="checkbox"/></span>			

#### EDUCATION and TRAINING

School Level	Name and Location of School	# of years attended	Did you graduate?	Major/Minor Studied
High School(s)				
College(s)				
Trade/Business				

#### SERVICE RECORD

U.S. Military Service	Rank
Relevant Skills acquired during military service:	

#### REFERENCES

List three personal references of whom you have known at least one (1) year. Do not list relatives or previous employers.

Name	Address	Phone	Relationship and years acquainted

#### EMERGENCY NOTIFICATION

In case of Emergency, please notify:	Phone:
Address:	Relationship:

#### PERFORMANCE OF JOB RELATED FUNCTIONS

Are you able to perform the essential functions of the job for which you are applying? Yes <input type="checkbox"/> No <input type="checkbox"/> Explain:
Is there any reason you would not be able to meet all attendance requirements? Yes <input type="checkbox"/> No <input type="checkbox"/> Explain:
If requested, are you available to work (check all that apply): Weekends <input type="checkbox"/> Evenings <input type="checkbox"/> Days <input type="checkbox"/> Holidays <input type="checkbox"/> Overtime <input type="checkbox"/> On Call <input type="checkbox"/>

**CRIMINAL MATTERS**

Please answer the following questions. A "yes" response or failure to answer will not necessarily result in disqualification from employment.

Have you ever been convicted of or pleaded guilty or nolo contendere to a crime? (including fraud, deceit, misrepresentation, forgery, assault, battery, rape, sexual molestation, child neglect, or abuse) Yes <input type="checkbox"/> No <input type="checkbox"/> Explain:
Did the conviction or guilty or nolo contendere plea result in payment of fines, probation, or imprisonment? Yes <input type="checkbox"/> No <input type="checkbox"/> Explain:
Have you had a professional license (including child care) suspended or revoked as the result of charges made against you? Yes <input type="checkbox"/> No <input type="checkbox"/> Explain:
Are you currently charged with an unresolved criminal charge (a charge which has not yet resulted in a plea, trial, or dropping of the charge, or for which you are out on bail or on your own recognizance pending trial? Yes <input type="checkbox"/> No <input type="checkbox"/> Explain:
If the position for which you are applying requires a driver's license, have you ever had a driver's license suspended or revoked for any reason? Yes <input type="checkbox"/> No <input type="checkbox"/> Explain:

**AUTHORIZATION**

Please read carefully and initial each paragraph before signing.

"I declare under penalty of perjury that the facts contained in this application or any resume or other documentation are true and complete to the best of my knowledge. I understand that any false information or significant omissions will disqualify me from further consideration from employment, and will be justification for my termination of employment if discovered at a later date."  
Initials \_\_\_\_\_

"I authorize the inquiry and investigation (either by written communication, by telephone, or in person) of all statements contained in this application (and accompanying resume, if any) and further authorize any person, school, current employer (except as expressly noted), past employer(s), consumer reporting agency and organizations, whether or not named in this application form to provide the company with records, information, and opinion of my character of personality that may be useful in making a hiring decision. In consideration for your furnishing such information, I specifically waive any confidential relationship of privacy position, which may exist between us and completely release all such informants and the company from all liability for any decision, claim, or damage that may result from furnishing and/or relying on such information and opinion to you." A photo static, or any other copy, of this instrument bearing my signature shall be equally legally valid as the original.  
Initials \_\_\_\_\_

"If offered employment, I understand that I will be required to review, complete, and execute various employment documents (including but not limited to; this application, employee handbook and receipt form, confidentiality and non-disclosure agreements, documents that support and verify authorization to work in the U.S., and as appropriate to clinical positions, a valid drivers license, proof of auto insurance, first aid card, CPR card, and other documents. I agree that the process of my being hired will not be complete until all employment documents have been signed."  
Initials \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Printed Name

## DRUG EVALUATIONS

All potential new employees must have an alcohol and/or drug screen test completed at the Company's expense before they may be hired.

**PLEASE BE ADVISED:** If your drug test is positive, you will be responsible for the drug test fee and will be asked to pay the fee at the lab.

Further, any employee hired who then injures themselves seriously, on the job, it is understood that they will be required to have another alcohol and/or drug screen completed at the company expense.

Further, effective January 1, 2001, all current permanent employees who injure themselves seriously, on the job, will be required to have an alcohol and/or drug screen test at company's expense.

# Around the Clock Home Care

## DRUG/ALCOHOL TEST CONSENT

I understand and acknowledge that as a condition of employment, I will give consent to the Company's job related medical inquires, including an alcohol and/or drug screen test using either urine or blood samples.

I am aware that any misrepresentation with regard to the alcohol and/or drug screen test or the presence of certain drugs may result in termination of my employment.

I further expressly authorize the company and its designated medical examiner(s) to conduct an alcohol and/or drug screen test, and I expressly agree to hold Around the Clock Home Care, its subsidiaries, operators, directors, employees, and agents harmless from any claims arising out of the information obtained through the inquires and findings of the test.

I further understand that should I fail the alcohol and/or drug screen, I will be liable for the expense of the screen. Expenses will be due and payable at the time the test is administered.

I shall have the right to examine this file and all related material at any time.

All such information shall be held confidential to the extent permitted by law.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Printed Name

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Title

# CRIMINAL RECORD STATEMENT

State law requires that persons associated with licensed facilities be fingerprinted and disclose any criminal convictions. A conviction is any plea of guilty or nolo contendere (no contest) or a verdict of guilty. The fingerprints will be used to obtain a copy of any criminal history you may have.

Have you ever been convicted of a crime?  NO  YES

Have you ever been convicted of a crime from another state or federal court?  NO  YES

Criminal convictions from another State or Federal court are considered the same as criminal convictions in California.

If you answer YES, give details on the back of this page indicating the nature and circumstances of each crime, the date and location in which each crime occurred.

You must disclose convictions, including reckless and drunk driving convictions even if:

1. It happened a long time ago;
2. It was only a misdemeanor;
3. You didn't have to go to court (your attorney went for you);
4. You had no jail time or the sentence was only a fine or probation;
5. You received a certificate of rehabilitation;
6. The conviction was later dismissed; set aside or the sentence was suspended.

**NOTE:** IF THE CRIMINAL BACKGROUND CHECK REVEALS ANY CONVICTION(S) THAT YOU DID NOT DISCLOSE ON THIS FORM, YOUR FAILURE TO DISCLOSE THE CONVICTION(S) MAY RESULT IN AN EXEMPTION DENIAL, LICENSE APPLICATION DENIAL, LICENSE REVOCATION, OR EXCLUSION FROM A LICENSED FACILITY.

**I declare under penalty of perjury under the laws of the State of California that I have read and understand the information contained in this affidavit and that my responses and any accompanying attachments are true and correct.**

FACILITY NAME		FACILITY NUMBER	
YOUR NAME (PRINT CLEARLY)	YOUR ADDRESS	CITY	ZIP
SOCIAL SECURITY NUMBER (SEE PRIVACY STATEMENT ON REVERSE SIDE)	DATE OF BIRTH	DMV LICENSE NUMBER	
SIGNATURE		DATE	

**I. Instructions to Respondents:**

*If you have been convicted of a crime in California, another state, or in federal court, provide the following information:*

*What was the offense?* \_\_\_\_\_  
\_\_\_\_\_

*When did this occur?* \_\_\_\_\_  
\_\_\_\_\_

*Tell us what happened. (Use additional sheets of paper if needed)* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

**II. Instructions to Licensees:**

*If the person discloses a criminal conviction, the licensee shall review the person's statement and discuss it with the Licensing Program Analyst (LPA). Maintain this form in your facility personnel file and send a copy to your LPA.*

**PRIVACY STATEMENT**

Pursuant to the Federal Privacy Act (P.L. 93-579) and the information Practices Act of 1977 (Civil Code Sections 1798 Et Seq.), notice is given for the request of the Social Security Number (SSN) on this form.

The California Department of Social Services is required to conduct a criminal record check by Health and Safety Codes Sections 1522, 1568.09, 1569.17 and 1596.871. The California Department of Justice uses a person's SSN as an identifying number. The requested SSN is voluntary. Failure to provide the SSN may delay the processing of this form and the criminal record check. No disclosure of personal information will be made unless permitted by the Federal Privacy Act and the California Information Practices Act. Pursuant to Civil Code Section 1798.24(e), disclosure may be made to another state or law enforcement agency or governmental entity.

If you have any questions about this from, or want access to any personal information maintained on you by this Department, please contact your local licensing office.