



1378A Corporate Center Pkwy
 Santa Rosa, CA 95407
 707-546-8773
 FAX 707-546-8788
 athomehr@sonic.net

EMPLOYMENT APPLICATION

Equal Opportunity Employer

Date: _____

NAME (Last) (First) (Middle)			Home Phone No.
ADDRESS (No. & Street) (Apt.#) (City) (State) (Zip)			Cell Phone No.
Legally Authorized to Work In the U.S.?	Shifts Desired (Circle) Day Afternoons Nights 12 Hrs	Schedule: (Circle) Full Time Part Time	Email
Position Desired or Area of Interest			
Person to Notify in case of Emergency		Relationship	Home Phone No.
Address			Cell Phone No.

Who referred you to this company? Online Advertising Employee _____ Other _____

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

Have you worked for the employer previously? Yes No

Do you have reliable transportation if hired? Yes No

Are you registered or certified by any professional organization, or do you hold a professional or occupational license in the State of California? Yes No If yes, please specify: _____

Registration or License No. _____ Expiration Date _____ Type _____

Language ability – List those you could use in the position applied for:

Language _____ Speak Read Write

Language _____ Speak Read Write

Education

Type of School	Name of School	Location	Course or Major Subjects	Degree/Certification
High School				
College/University				
School of Nursing				
Graduate School				
CNA Program				
Other				

LIST OF PREVIOUS EMPLOYERS – MOST RECENT FIRST!

NOTE: PLEASE GIVE ACCURATE, COMPLETE INFORMATION ON ALL FULL OR PART TIME POSITIONS HELD.

Dates Month-Year	Employer	Responsibilities
From	Name	Title of Position
To	Address	Duties
Final Salary	Phone Number	
Supervisor's Name	Type of Business	
Reason for Leaving		
		May we contact your present employer _____

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Do you have special certifications in any area? (i.e. ACLS, PALS, etc.) Yes No

If yes, please list type and expiration date: _____

Please check the following for which you have recent experience:

HOME CARE:

____ Hourly ____ Visits/Bath Visits ____ Mom/Baby Visits ____ Private Duty Shifts

____ Live In's ____ AIDS/HIV ____ Dementia ____ Develop. Disabled

____ Geriatric ____ Hospice ____ Other: (Specify) _____

FACILITY STAFFING:

____ Clinics ____ OR ____ Dr's Office ____ Ortho ____ ER

____ PACU ____ Hospice/Palliative Care ____ Peds ____ ICU/CCU ____ Tele

____ PICU ____ Labor & Delivery ____ Postpartum ____ Psych ____ Sitter

____ Med/Surge ____ Rehab: ____ Acute ____ Subacute ____ Nuero

____ NICU ____ SNF's ____ Nursery ____ TCC's ____ Oncology

I have been provided with a job description for the position for which I am applying Yes No

After considering this job description, do you have the ability to perform this job for which you have applied, with or without reasonable accommodation?

Yes No If not, please explain: _____

NOTICE OF MEDICAL EXAMINATION

Any offer of employment may be contingent upon your ability to pass a medical examination prior to the commencement of employment, to establish your ability to perform the functions of your job.

MILITARY

If you served in the military, please list any relevant skills that you acquired during your service: _____

DEPARTMENT OF SOCIAL SERVICES HOME CARE AIDE STATE REGISTRY

(This is not a requirement to work for our agencies)

Are you registered with the State of California as a Home Care Aide? Yes No

If yes, what is your Home Care Aide Personnel ID (PER ID / HCA ID): _____

APPLICANTS CERTIFICATION AND AGREEMENT

(Please read carefully)

1. Certification of Truthfulness. I certify that all statements on this Application for Employment are true to the best of my knowledge. I understand and agree that the statements made herein may be investigated and if found to be false will be sufficient reason for not being employed, or if employed, will be cause for dismissal when discovered. Any omissions can and will be grounds for termination.
2. References. I authorize the references I have listed above, and any prior or current employer of mine to give you any and all information concerning my previous employment, including disciplinary information, and any pertinent information they may have, personal or otherwise, and in exchange for my consideration of employment. I release all parties from all liability for any damage that may result for furnishing information to you. Also, I hereby waive written notice to me that employment information is being provided by any person or organization.
3. I certify that I realize I will be conditionally hired pending passing a background check, health assessment, and/or drug testing.
4. Employment At-Will. If hired, in consideration of my employment, I agree to abide by rules, policies, and procedure of the Company. I further agree that my employment with the Company is at-will and can be terminated for any reason, with or without cause, and with or without notice at any time. I understand that the Company may, from time to time, make unilateral changes in its rules, regulations and personnel practices and policies which will affect me and that my employment may be subject to unilateral adjustments in compensation, fringe benefits and other terms and conditions of employment, including layoffs. I also understand that no agent or representative of the Company has any authority to make any agreement contrary to the foregoing, except by a written employment contract signed by me and the President of the Company or designate.

Signature: _____ Date: _____

Printed Name: _____