



HOME HEALTH & HOSPICE CARE, INC.
 5750 Division Street, Suite 206
 Riverside CA, 92506
 Phone: (951) 787-8903 Fax: (951) 787-8904

Application for Employment

Vision Home Health Care, Inc. provides equal access to its programs, services and employment to all persons. Applicants, who need assistance or any special accommodation in filling out this application and/or the interview process, should contact a representative of the corporate Personnel Department.

(PLEASE PRINT)

Position(s) applied for: _____ Date of application: ____/____/____

Type of employment desired: Full-Time; Part-Time; Temporary; Seasonal; Educational

Name: _____
(Last) (Middle) (First)

Address _____
(Street) (City) (State) (Zip code)

Email: _____ Licensure #: _____ Exp. Date: _____ CPR. Cert. exp. Date: _____
(if applicable)

Telephone Number: (____) _____ D.O.B. ____/____/____ SS# ____ - ____ - ____

Emergency Contact Name: _____ Phone Number:(____) _____

Driver's License number: _____ Class: _____ State: _____

Do you have a functioning automobile (Field Staff Only)? Yes (If yes, pls provide copy of Liability Insurance) No

Do you have a legal right to work in the United States? Yes (if yes, provide a copy of proof) No

Date available for work: ____/____/____

Have you filed an application here before? No -- Yes; if yes, were you employed? Yes --- No

Will you relocate if job requires it?..... Yes No Will you travel if job requires it?..... Yes No

Will you work overtime if required?..... Yes No

If you are under 18, can you furnish a work permit?..... Yes No

Have you been convicted of a felony in the last seven (7) years?..... Yes No
 (Such a conviction may be relevant if job related, but does not ban you from employment.)

If yes, please explain:

Employment History

List your four (4) last employers, assignments, or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in the Comments Section below.

Employer	Telephone	Dates Employed		Summarize the nature of the work performed.
		From	To	
Address				
Job Title				
Immediate Supervisor and Title				
Reason for leaving		Final		
May we contact for reference <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later				
Employer	Telephone	Dates Employed		Summarize the nature of the work performed.
		From	To	
Address				
Job Title				
Immediate Supervisor and Title				
Reason for leaving		Final		
May we contact for reference <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later				
Employer	Telephone	Dates Employed		Summarize the nature of the work performed.
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Reason for leaving		Final		
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Employer	Telephone	Dates Employed		Summarize the nature of the work performed.
		From	To	
Address				
Job Title				
Immediate Supervisor and Title				
Reason for leaving		Final		
May we contact for reference <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later				

Comments (include an explanation of any/all gaps in employment): _____

Skills and Qualifications - summarize any special training, skills, licenses, certificates and/or characteristics of yourself that may help qualify you as being able to perform job-related functions for the position for which you are applying. _____

Educational Background

Last three (3) job related schools attended, starting with the most recent.

School	Years Completed	Degree Diploma			

List any foreign language(s) you know and check the boxes that describe your skill level.

Language	Speak Some	Speak fluently	Read	Write
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

References

List names of persons **not related** to you who are willing to provide professional and/or character references.

Name	Telephone	Years Known
	()	
	()	
	()	

List professional, trade, business or civic associations and any offices held. (Exclude memberships for which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

Organization	Office Held

List special accomplishments, publications, and awards. (Exclude memberships that would reveal sex, race, religion, national origin,

and color, disability or other protected status.) _____

I understood and agreed upon that any misrepresentation by me on this application will be sufficient cause for cancellation of the application and separation from the employer's service if I have been employed.

I give Vision Home Health the right to investigate all references and to secure additional information about me, if job-related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

Vision Home Health is an Equal Opportunity Employer. The employer does not discriminate in employment and no question on this application is used for purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time, with or without cause and without notice. I understand that no representative of the company has the authority to make any assurances to the contrary.

I understand it is the company's policy not to refuse to hire a qualified individual with a disability because of this person's need for an accommodation that would be required by the ADA.

Signature of Applicant _____ Date _____ / _____ / _____

- Referral Source Advertisement Employee Relative Government Employment Agency
 Walk-in Private Employment Agency Other _____

Name of Source (if applicable) _____

Interviewer's comments:
