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|  **Angel care** *12960 Central Avenue, Ste. E, Chino, CA 91710* *Tel. # (909) 591-2777 Fax # (909) 591-2775* *Website: angelcareonline.com* |  |

**APPLICATION FORM**

|  |
| --- |
| Applicant Information Date |
| Last Name |  | First | M.I. | Date of Birth |
| Street Address |  | Apartment/Unit # |
| City | State | Zip |
| Phone | ( ) | E-mail Address |
| Social Security No. | * -
 | Male [ ]  | Female [ ]  | Height | Weight |
| **Position Applied for:** |
| Are you legally authorized to work in the U.S? |  |  | YES [ ]  NO [ ]  |  |  |
| Have you ever worked for this company? | YES [ ]  | NO [ ]  | If so, when? |  |
| Have you ever been convicted of a felony? | YES [ ]  | NO [ ]  | If yes, explain |  |
|  |
| **Availability:** | Days [ ]  | Nights [ ]  | Weekend [ ]  | Live-In [ ]  **Specify Available Hours** : |
| Means of Transportation | I have a Car [ ]  | Someone can drive me [ ]  | Bus [ ]  |
| ARE YOU WILLING TO AND ABLE TO LIFT AT LEAST 50lbs IF YOU’RE JOB REQUIRES? | YES [ ]  | NO [ ]  |  |  |
| ARE YOU BILINGUAL? | YES [ ]  | NO [ ]  |  |  |
| HOW DID YOU YEAR ABOUT ANGEL CARE:  |  |  |  |  |
| ARE YOU WILLING TO TAKE A PRE-EMPLOYMENT DRUG TEST:  | YES [ ]  | NO [ ]  |  |  |
| DO YOU HAVE A CURRENT CALIFORNIA DRIVER’S LICENSE?  | YES [ ]  | NO [ ]  | CDL#/CI.D # |  |
| DO YOU HAVE AUTOMOBILE INSURANCE COVERAGE? | YES [ ]  | NO [ ]  | Policy #: |  |
| DO YOU HAVE CPR/FIRST AID CERTIFICATION? YES [ ]  NO [ ]   |  |
| DO YOU HAVE A CALIFORNIA STATE CERTIFICATION OR LICENSE? **RN / LVN / CHHA / CNA/ CG** | **License #** |
|  |
| Education |
| High School |  | Address |  |
| From |  | To |  | Did you graduate? | YES [ ]  | NO [ ]  | Degree |  |
| College |  | Address |  |
| From |  | To |  | Did you graduate? | YES [ ]  | NO [ ]  | Degree |  |
| Other |  | Address |  |
| From |  | To |  | Did you graduate? | YES[ ]  | NO [ ]  | Degree |  |
|  |
| PREVIOUS EMPLOYMENT |
| Company/Individual |  | Telephone No. |  |
| Address |  | Date Employed |  |
| Company/Individual |  | Telephone No. |  |
| Address |  | Date Employed |  |
| Company/Individual |  | Telephone No. |  |
| Address |  | Date Employed |  |
| WORK References |
| Please list three professional references. |
| Full Name |  | Job Title |  |
| Company |  | Phone | ( ) |
| Address |  |
| Full Name |  | Job Title |  |
| Company |  | Phone | ( ) |
| Address |  |
| Full Name |  | Job Title |  |
| Company |  | Phone | ( ) |
| Address |  |
|  |
| WORK RELATED: |
| *Do you have any experience in any of the following?*  |
| [ ] Alzheimer’s | [ ] Hoyer Lift | [ ] Heart Failure |
| [ ] Parkinson’s  | [ ] Tracheal Tube | [ ] Lifting |
| [ ] Stroke | [ ] Gastric Tubes | [ ] Wheelchairs |
| [ ] Hip Surgery/Injury Patient | [ ] Diabetes | [ ] Colostomy |
| [ ] Back Surgery | [ ] Catheter Bag | [ ] Activities of Daily Living |
| [ ] Hospice Care | [ ] Range of Motion | [ ] Bed Bath |
| [ ] Cancer | [ ] Body Mechanics | [ ] Shower |
| [ ] Quadriplegia | [ ] Oral Hygiene | [ ] Bed making |
| [ ] Others: |

***PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY***

I certify that all information on this application and any other material provided by me are true and complete. I agree that falsified information, misrepresentations or omissions on this application, or any accompanying resume or other materials will disqualify me from consideration for employment and will be considered justification for dismissal whenever discovered.

Unless otherwise noted, I authorize this Company or its agent to investigate and/or verify all information in this application, including contacting all persons, schools, current employer (if applicable), previous employers and other individuals or entities named herein (and those named on accompanying resume, if any). I hereby authorize my former employers and other third parties named on this application to release information pertaining to my work record, habits and performances. In doing so, I hereby release them and Angel Care and its agents from all liability which may flow from the release of such information.

**I understand that if I am hired my employment will be on an at-will basis, for no definite term. As such, I understand that I will enjoy the right to terminate my employment at any time, and that Angel Care will similarly enjoy the right to terminate my employment, at any time, with or without cause.** This status can only be modified by a written document setting forth such modification, signed by both me and an authorized representative of the company. I further acknowledge that I am expected to abide by all Company rules, regulations, and policies, written or unwritten, but that such rules, regulations and policies do not create a contract between me and the Company or otherwise restrict the right of either party to terminate the employment relationship.

Top of Form

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| --- | --- |
| **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Applicant Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |