Intra Care Home Health Providers, Inc.

4929 Wilshire Blvd. Suite 210, Los Angeles, CA. 90010

Please read carefully. **EMPLOYMENT APPLICATION**

PERSONAL

TODAY'S DATE	LAST NAME	FIRST	MIDDLE	SOCIAL SECURITY NUMBER

HOME ADDRESS: **DATE OF BIRTH:**

HOME PHONE	MESSAGE PHONE	ARE YOU 18 OR OVER? ☐ YES ☐ NO YOU WILL BE REQUIRED TO SUBMIT PROOF OF AGE IF HIRED

PERSON THROUGH WHOM YOU MAY BE CONTACTED FOR MESSAGE PURPOSES:
ADDRESS: **PHONE:**

IF HIRED, CAN YOU FURNISH PROOF THAT YOU ARE LEGALLY PERMITTED TO WORK IN THE UNITED STATES?
☐ **YES** ☐**NO**

WHAT OTHER NAME HAVE YOU BEEN EMPLOYED UNDER IF DIFFERENT FROM PRESENT NAME?
NONE

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR? ☐ **YES** ☐ **NO (Record of conviction does not necessarily disqualify you from employment)**
IF YES, PLEASE EXPLAIN:

NAME OF RELATIVES EMPLOYED BY THIS FACILITY	DEPARTMENT

HOW DID YOU LEARN ABOUT THIS OPENING?	HAVE YOU PREVIOUSLY BEEN EMPLOYED BY THIS AGENCY? ☐ YES ☐ NO IF YES, WHERE? WHEN?

EDUCATIONAL RECORD

HIGH SCHOOL	LOCATION	CIRCLE LAST GRADE COMPLETED 9 10 11 12	DIPLOMA?
COLLEGE	LOCATION	1 2 3 4	DEGREE AND MAJOR
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OTHER EDUCATION, SPECIAL COURSES, OR ACADEMIC HONORS

COLLEGES IN WHICH YOU ARE CURRENTLY ENROLLED

PROFESSIONAL LICENSE / CERTIFICATIONS

OFFICIAL USE ONLY

TYPE	NUMBER	STATE ISSUED	DATE ISSUED	EXPIRES ON	CONFIRMED
TYPE	NUMBER	STATE ISSUED	DATE ISSUED	EXPIRES ON	CONFIRMED

LIST ANY PROFESSIONAL ORGANIZATIONS OF WHICH YOU ARE A MEMBER (You may omit any which indicates sex, religion, national origin, ancestry, handicap or disability, race, age, sexual orientation, marital status, or Veteran status)

U.S. MILITARY EXPERIENCE

BRANCH	INITIAL RANK	FINAL RANK

SERVICE SCHOOLS ATTENDED:

SKILLS

TYPING SPEED (Last Date Tested)	SHORTHAND SPEED (Last Date Tested)	10 KEY ADD MACH. BY TOUCH ☐ YES ☐ NO	PBX (Type Board)	MEDICAL TERMINOLOGY? ☐ YES ☐ NO

LIST OTHER KNOWLEDGES / SKILLS YOU POSSESS OR EQUIPMENT YOU CAN OPERATE:

JOB INTERESTS

FIRST CHOICE	SECOND CHOICE	DATE AVAILABLE	SALARY DESIRED

HOURS & SHIFT AVAILABLE	FULL TIME	PART TIME	ON CALL	DAYS	EVENINGS	NIGHTS	WEEKENDS
	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO

EMPLOYMENT HISTORY

MOST RECENT EMPLOYER FIRST, PLEASE EXPLAIN ANY LAPSES IN EMPLOYMENT BETWEEN JOBS

PRESENT COMPANY MAY WE CONTACT? ☐ YES ☐ NO		PHONE NUMBER	
ADDRESS		☐ FULL TIME ☐ PART TIME	_____ AVERAGE HOURS WEEKLY
JOB TITLE:	IMMEDIATE SUPERVISOR	EMPLOYED FROM:	EMPLOYED TO:
NATURE OF DUTIES		STARTING SALARY:	ENDING SALARY:
REASON FOR LEAVING			
EXPLAIN TIME LAPSE			

PRESENT COMPANY MAY WE CONTACT? ☐ YES ☐ NO		PHONE NUMBER	
ADDRESS		☐ FULL TIME ☐ PART TIME	_____ AVERAGE HOURS WEEKLY
JOB TITLE:	IMMEDIATE SUPERVISOR	EMPLOYED FROM:	EMPLOYED TO:
NATURE OF DUTIES		STARTING SALARY:	ENDING SALARY:
REASON FOR LEAVING			
EXPLAIN TIME LAPSE			

PRESENT COMPANY MAY WE CONTACT? ☐ YES ☐ NO		PHONE NUMBER	
ADDRESS		☐ FULL TIME ☐ PART TIME	_____ AVERAGE HOURS WEEKLY
JOB TITLE:	IMMEDIATE SUPERVISOR	EMPLOYED FROM:	EMPLOYED TO:
NATURE OF DUTIES		STARTING SALARY:	ENDING SALARY
REASON FOR LEAVING			
EXPLAIN TIME LAPSE			

I hereby certify that the information contained in this application form is true and correct to the best of my knowledge and I agree to have any of the statements checked by the Agency unless I have indicated to the contrary. I authorize the references listed above to provide the Agency with any and all information concerning my previous employment and any pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to the Agency as well as from the use of disclosure of such information by the Agency or any of its agents, employees, or representatives. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer or, if I am hired, in my dismissal from employment.

In consideration of my employment, I agree to conform to the rules and standards of the Agency and agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, either at my option or at the option of the Agency. I understand that no employee or representative of the Agency other than the Administrator of Intra Care has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing. Further, the Administrator of Intra Care may not alter the at-will nature of the employment relationship unless he does so specifically and in writing. I also understand that all offers of employment are conditioned on the provision of satisfactory proof of an applicant's identity and legal right to work in the U.S.

I understand that any offer of employment with the Agency may be conditional on completing a pre-employment medical examination. The purpose of the medical examination is to determine whether I am able to perform the essential functions of the job I am offered with or without reasonable accommodation, to identify any reasonable accommodation if such is warranted, and to ensure that my performance of the essential functions does not present a direct threat to my health and safety or the health and safety of others. I agree to forego such pre-employment medical examination. If hired by the Agency, I further agree to undergo any periodic medical examinations that are permitted or required by Law.

This Agency complies with all Federal and State Laws which prohibit discrimination on the basis of race, color, age, sex, sexual orientation, religion, national origin, ancestry, disability, handicap, veteran status, medical condition (as defined by California law), or material status.

_____ _____

Applicant's Signature Date