



4322 Wilshire Blvd., Suite 208 Los Angeles, CA 90010
 Tel. (323) 934-5050 Fax (323) 934-9850

EMPLOYMENT APPLICATION

Please read carefully.

PERSONAL					
TODAY'S DATE	LAST NAME	FIRST	MIDDLE	SOCIAL SECURITY NUMBER	
HOME ADDRESS:					
HOME PHONE ()	MESSAGE PHONE	ARE YOU 18 OR OVER? <input type="checkbox"/> YES <input type="checkbox"/> NO IF HIRED, YOU WILL BE REQUIRED TO SUBMIT PROOF OF AGE.			
NAME OF 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? <input type="checkbox"/> YES <input type="checkbox"/> NO					
WHAT OTHER NAME HAVE YOU BEEN EMPLOYED UNDER IF DIFFERENT FROM PRESENT NAME?					
HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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	
COLLEGE	LOCATION	1 2 3 4		DEGREE AND MAJOR	
OTHER EDUCATION, SPECIAL COURSES, OR ACADEMIC HONORS					
COLLEGES IN WHICH YOU ARE CURRENTLY ENROLLED					
PROFESSIONAL LICENSE/CERTIFICATION					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 ON 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 Veterans 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 <input type="checkbox"/> YES <input type="checkbox"/> NO		PBX (Type Board)	MEDICAL TERMINOLOGY? <input type="checkbox"/> YES <input type="checkbox"/> NO
LIST OTHER KNOWLEDGE OR SKILLS YOU POSSESS OR EQUIPMENT YOU CAN OPERATE:					

JOB INTEREST								
FIRST CHOICE		SECOND CHOICE			DATE AVAILABLE		SALARY DESIRED	
HOURS & SHIFT AVAILABLE		FULL TIME <input type="checkbox"/> YES <input type="checkbox"/> NO	PART TIME <input type="checkbox"/> YES <input type="checkbox"/> NO	ON CALL <input type="checkbox"/> YES <input type="checkbox"/> NO	DAYS <input type="checkbox"/> YES <input type="checkbox"/> NO	EVENINGS <input type="checkbox"/> YES <input type="checkbox"/> NO	NIGHTS <input type="checkbox"/> YES <input type="checkbox"/> NO	WEEKENDS <input type="checkbox"/> YES <input type="checkbox"/> NO
EMPLOYMENT HISTORY MOST RECENT EMPLOYER FIRST – EXPLAIN ANY LAPSES IN EMPLOYMENT BETWEEN JOBS								
PRESENT COMPANY MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO				PHONE NUMBER				
ADDRESS				<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME		_____ AVERAGE HOURS WEEKLY		
JOB TITLE:		IMMEDIATE SUPERVISOR		EMPLOYED FROM:		EMPLOYED TO:		
NATURE OF DUTIES				STARTING SALARY		SALARY AT THE END		
REASON FOR LEAVING								
EXPLAIN TIME LAPSE								
PREVIOUS COMPANY MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO				PHONE NUMBER				
ADDRESS				<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME		_____ AVERAGE HOURS WEEKLY		
JOB TITLE:		IMMEDIATE SUPERVISOR		EMPLOYED FROM:		EMPLOYED TO:		
NATURE OF DUTIES				STARTING SALARY		SALARY AT THE END		
REASON FOR LEAVING								
EXPLAIN TIME LAPSE								
PREVIOUS COMPANY MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO				PHONE NUMBER				
ADDRESS				<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME		_____ AVERAGE HOURS WEEKLY		
JOB TITLE:		IMMEDIATE SUPERVISOR		EMPLOYED FROM:		EMPLOYED TO:		
NATURE OF DUTIES				STARTING SALARY		SALARY AT THE END		
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 authorized the references listed above to provide the Agency 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 President of OCEAN SIDE HOME HEALTH 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 President of OCEAN SIDE 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 conditioned on completing a pre-employment medical examination. Purpose of 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, which are permitted or required by Law.

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

Applicant's Signature

Date