One Community Care Services

Transforming Lives Through Homecare

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EMPLOYMENT APPLICATION – NON CLINICAL CARETAKER

(Please Print Clearly)

Instruction: You may print this form, fill it out, mail or email to onecommunitycare1@gmail.com

PERSONAL INFORMATION

Full Name:

Date of Birth:

Address:

Street:	APT:
City & State	Zip

Best Phone Number:

In case of emergency notify

Name: Relation:

Phone:

Are you a citizen of the USA?

Yes No

If no, type of visa: Immigration no, / Alien Reg. No. :

EMPLOYMENT DESIRED

Position Applying for:

Date you can start:

Professional license no.:

Exp. Date :

Has your license ever been suspended or revoked?

Yes No

if yes, please explain :

What hours are you available to work?

Have you ever filed a workman's compensation claim?

Yes No

Yes If yes, please explain :

Do you have any responsibilities that would limit your work availability?

Yes No

Do you own a reliable automobile? Check one.

Yes No

Do you have basic car insurance in force?

Yes No

Insurance Co.:

Policy#

Exp. Date:

California Driver's License Number:

Exp. Date:

Have you ever been convicted of a crime?

Yes No

If yes, what, when and where?

HEALTH HISTORY

General condition of health:

Excellent Good

Date of last physical examination:

Date of last chest x-ray

Name of Physician:

Phone:

Do you have a history of allergies or any other recurring illness?

Yes No

If yes, please explain :

Explain any physical limitation which we should consider before job placement:

REFERENCES

List three personal references that you have known for at least one (1) year and who have knowledge of your character and professional abilities. DO NOT LIST RELATIVES.

Name: Business:

Yrs. Known:

PH#:

Name: Business:

Yrs. Known:

PH#:

Name: Business:

Yrs. Known:

PH#:

EDUCATION

Name of High School:

Address:

Years Completed?

Graduation Date (month/year):

Diploma or Certificate Received?

College:

Address:

Years Completed?

Graduation Date (month/year):

Diploma or Certificate Received?

College:

Address:

Years Completed?

Graduation Date (month/year):

Diploma or Certificate Received?

Vocational or Business School:

Address:

Years Completed?

Graduation Date (month/year):

Diploma or Certificate Received?

EMPLOYMENT

Present-and Former Employers

Business Name:

Date employed:

Salary Range:

Supervisor's Name

Positions and Duties:

Reasons for leaving:

Start Date:

End Date:

Currently working here?

Yes No

Business Name:

Date employed:

Salary Range:

Supervisor's Name

Positions and Duties:

Reasons for leaving:

Start Date:

End Date:

Currently working here?

Yes No

Business Name:

Date employed:

Salary Range:

Supervisor's Name

Positions and Duties:

Reasons for leaving:

Start Date:

End Date:

Currently working here?

Yes No

Business Name:

Date employed:

Salary Range:

Supervisor's Name

Positions and Duties:

Reasons for leaving:

Start Date:

End Date:

Currently working here?

Yes No

I understand that my employment may be terminated for any misstatement or omission of fact appearing on this application form.

I understand that emergency conditions may require me to temporarily work shifts other than the one for which I am applying and agree to such scheduling changes as directed by my department supervisor or administrator of this company.

Signature:

Date: