



Home & Health Care™

MANAGEMENT

1398 Ridgewood Drive, Chico, CA 95973 (530) 343-0727 ▪ 1620 East Cypress Ave, Suite 1, Redding, CA 96002 (530) 226-0120
 Toll Free: (800) 400-0727 ▪ Web: www.homeandhealthcaremgmt.com ▪ Email: info@homeandhealthcaremgmt.com

EMPLOYMENT APPLICATION

An Equal Employment Opportunity Employer

PLEASE PRINT, AND COMPLETE APPLICATION IN FULL

Name _____
 (Last) (First) (Middle)

_____ Email _____
 Other name(s) under which you have been educated or employed.

Telephone Number (_____) _____ Message Number (_____) _____

Mailing Address _____
 Number/Street City State Zip

Permanent Address (if different from mailing address)

 Number/Street City State Zip

EMPLOYMENT DESIRED

Position(s) applying for: _____

Are you applying for: _____ Part-Time _____ Full-Time _____ Temporary

Which days/times are you *not* available to work? _____

Are you available to work on weekends? Yes No Can you work overtime, if necessary? Yes No

If hired, on what date would you be available for work? _____ Salary desired _____

EDUCATION, TRAINING, AND EXPERIENCE

SCHOOLS	NAME & ADDRESS	NO. OF YEARS COMPLETED	COURSES OR MAJOR SUBJECTS	DEGREES OR DIPLOMA
HIGH SCHOOL				
COLLEGE OR UNIVERSITY				
GRADUATE SCHOOL				
OTHER Vocational, Apprenticeship				

Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work at Home & Health Care Management? Yes No If so, please explain: _____

Are you licensed or certified for the job you are applying for? Yes No If Yes, complete below:

Type of License	Professional License No.	State Issued	Expiration Date
Has your license/certification ever been revoked or suspended? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, state reason(s), date of revocation or suspension, and date of reinstatement: _____ _____			
Are you currently licensed in any other states? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If so, name of state _____ License # _____			

Language Ability: List only those languages you could use in the position you are applying for:

Language: _____ Speak _____ Read _____ Write _____
 Language: _____ Speak _____ Read _____ Write _____

List below your work experience, beginning with your most recent job experience. *You must complete this section; do not write "see resume."* Information for the last 10 years is sufficient.

Dates/Salary/Supervisor	Employer	Job Title & Duties
From:	Name	
To:	Address	
Salary: \$ _____ per	Telephone	
Supervisor:	Reason for Leaving	

From:	Name	
To:	Address	
Salary: \$ _____ per	Telephone	
Supervisor:	Reason for Leaving	

From:	Name	
To:	Address	
Salary: \$ _____ per	Telephone	
Supervisor:	Reason for Leaving	

May we contact the employers/agencies listed above? Yes No If no, please indicate which one(s) you do not wish us to contact: _____

MILITARY SERVICE

If you have obtained any special skills or abilities as a result of service in the military, please describe: _____ _____

PERSONAL REFERENCES

Please list three personal references, excluding former employers or relatives.

Name	Relationship	Address	Telephone	No. Years Acquainted

May we contact the personal references listed above? Yes No

PERSONAL INFORMATION

Have you ever applied to or worked for Home & Health Care Management before? Yes No

If yes, when? _____

Why are you applying for work at Home & Health Care Management? _____

If hired, would you have reliable transportation to and from the work site? _____

Are you at least 18 years old? _____
If you are under 18, work is subject to verification that you meet agency requirements.

If hired, can you present evidence of your US citizenship or proof of your legal right to live and work in the United States?
Yes No _____
U.S. Immigration Form 1-9 must be completed within 3 days of hiring.

Do you have any limitations on your ability to perform job-related functions of the position for which you are applying?
Yes No If yes, describe the conditions and the nature of your work limitations: _____

Home & Health Care Management does not discriminate on the basis of race, color, religion, sex (including sexual harassment or pregnancy), national origin, ancestry, age (over 40), mental or physical disability, veteran status, medical condition, marital status, sexual orientation or political activity.

Have you ever been convicted of a felony? Yes No If yes, state nature of the crime(s), when and where convicted, and disposition of the case(s): _____

Have you ever been on the Excluded Party Listing Service (EPLS) or the Office of Inspector General (OIG) Debarred List?
Yes No If yes, explain: _____

No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date and nature of the offense, the surrounding circumstances, and the relevance of the offense to the position(s) applied for may, however, be considered. See Verification Form PDF.

PLEASE READ AND SIGN BELOW:

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment, and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application, or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed regardless of the time elapsed before discovery.

I hereby authorize Home & Health Care Management to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and further, authorize my former employer or agency where I worked to disclose to Home & Health Care Management any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release Home & Health Care Management, my former employers, and all other persons, corporations, partnerships and associations from any and all claims demands or liabilities arising out of or in any way related to such investigation or disclosure.

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 at will, 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 the Agency 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 Agency may not alter the at-will nature of the employment relationship unless the Agency 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 authority to work in the United States, as well as passing a medical examination.

Signed _____

Date _____

PLEASE FAX OR MAIL COMPLETED EMPLOYMENT APPLICATION FOR SUBMISSION:

Home & Health Care Management
CHICO OFFICE: 1398 Ridgewood Drive, Chico, CA 95973
FAX (530) 895-1703

REDDING OFFICE: 1620 East Cypress Ave., Suite 1, Redding, CA 96002
FAX (530) 224-7186

Toll Free: 1-800-400-0727
Website: www.homeandhealthcaremgmt.com

**EEOE
M/F/V/D**

Do not write below this line, intended for Home & Health Care Management Human Resources use only

Interview:

Yes _____ No _____ Date _____ By _____

Affirmative Action

EEOE # _____ Separation Date _____ Initials _____