




Employment Application

** An Equal Opportunity Employer

**We Participate in E-Verify 

APPLICANT INFORMATION

Last Name: _____ First Name: _____

Street Address: _____

Apartment/Unit: _____ City: _____ State: _____ ZIP: _____

Home Phone: _____ Cell Phone: _____ E-mail: _____

EMPLOYMENT DESIRED

Position Applying for: _____

Employment Status Applying for:

- Full Time (30 -40 hours)
- Part Time (20 -29 hours)
- Part Time (1-19 hours)
- Temporary
- Per-Diem/On-Call

Are you available for work on weekends? Yes No

Would you be available to work overtime, if necessary? Yes No

If hired, on what date can you begin work? _____ Salary Desired: _____

PERSONAL INFORMATION

Have you ever applied to or worked for cCARE?Yes No

If yes, when? _____ Position applied for: _____

Do you have any friends or relatives working for cCARE?Yes No

If Yes, state name(s) and relationship:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

If hired, would you have reliable means of transportation to and from work? Yes No

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.)

..... Yes No

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country?

..... Yes No

Are you able to perform the essential functions of which the job you are applying, either with or without reasonable accommodation? Yes No

If no, describe the functions that cannot be performed: _____

Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and skill and agility test.)

PERSONAL INFORMATION CONT.

Are you currently employed? Yes No
If so, may we contact your current employer? Yes No

EDUCATION, TRAINING, and EXPERIENCE

High School: _____ Number of Years Completed: _____

Address: _____ Did you graduate? Yes No

College/University: _____ Number of Years Completed: _____

Address: _____ Did you graduate? Yes No

Vocational/Business School: _____ Number of Years Completed: _____

Address: _____ Did you graduate? Yes No

Are you Cardiopulmonary Resuscitation (CPR) certified? Yes No

Do you have any other experience, training, qualifications, or skills that you feel make you especially suited for work at cCARE? Yes No

If so, please explain: _____

ANSWER THE FOLLOWING IF YOU ARE APPLYING FOR A PROFESSIONAL POSITION:

Are you licensed/certified for the job applied for? Yes No

Name of license/certification: _____ Issuing state: _____

License/certification number: _____

Has your license/certification ever been revoked or suspended? Yes No

If yes, state reason(s), date of revocation or suspension, and date of reinstatement. _____

EMPLOYMENT HISTORY

List below all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

1) Name of Employer: _____ Telephone No.: _____

Type of Business: _____ Supervisor Name: _____

Address: _____

Dates of Employment From: _____ To: _____ Position: _____

Duties: _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes No

EMPLOYMENT HISTORY CONT.

2) Name of Employer: _____ Telephone No.: _____
Type of Business: _____ Supervisor Name: _____
Address: _____
Dates of Employment From: _____ To: _____ Position: _____
Duties: _____

Reason for Leaving: _____
May we contact this employer for a reference? Yes No

3) Name of Employer: _____ Telephone No.: _____
Type of Business: _____ Supervisor Name: _____
Address: _____
Dates of Employment From: _____ To: _____ Position: _____
Duties: _____

Reason for Leaving: _____
May we contact this employer for a reference? Yes No

MILITARY SERVICE

Have you obtained any special skills or abilities as the result of service in the military? Yes No
If so, describe: _____

REFERENCES

1) Name: _____ Telephone No.: _____
Occupation: _____ No. of Years Acquainted: _____
2) Name: _____ Telephone No.: _____
Occupation: _____ No. of Years Acquainted: _____
3) Name: _____ Telephone No.: _____
Occupation: _____ No. of Years Acquainted: _____

Please Read Carefully, Initial Each Paragraph and Sign Below

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my 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 cCARE to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company 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 cCARE, 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.

_____ I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and cCARE. In addition, I understand and agree that if I am employed, any employment relationship established between cCARE and myself will be on an "at-will" basis. My employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or cCARE, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and cCARE's designated representative.

_____ Employees of cCARE are expected to model and reinforce ethical behavior in accordance with cCARE's policy. This includes maintaining the privacy and confidentiality of information; protecting the assets of the organization; acting with ethics and integrity; conducting business with honesty; following through on commitments; admitting mistakes and showing consistency in words and actions; supporting compliance initiatives and reporting noncompliance; and adhering to applicable federal, state, and local laws and regulations, accreditation and licensure requirements (if applicable), and cCARE's policies, guidelines, and procedures.

_____ I agree to notify cCARE in writing within five (5) days of receiving any written or oral notice of any adverse action, including without limitation, exclusion from participation in any federal or state health care or procurement programs, any filed and served malpractice suit or arbitration action; any adverse action by a California Licensing Board taken or pending; any adverse action which has resulted in filing of a report with the California Licensing Board; any revocation of DEA license; a conviction of any felony or a misdemeanor of moral turpitude; any action against any certification under the Medicare and Medicaid programs; or any cancellation, non-renewal or material reduction in medical liability insurance policy coverage. In accordance with cCARE's Sanction Screening Policy and Procedure.

_____ Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by cCARE, I am entitled to copies of any such public records obtained by cCARE unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

I waive receipt of a copy of any public record described in the paragraph above.

Print Name

Applicant's Signature

Date