



EMPLOYMENT APPLICATION

Personal Data		DATE: _____ Applicant Date of Birth: _____	
Last Name	First Name	Middle	SSN
Home Address	City	State	Zip
Home Phone:		Cell Phone:	
Email Address:			

Emergency Contact Information		
Name of Emergency Contact	Relation	Emergency Telephone Number

Job Information

Position Applying for: RN PCA HHA Clerical Other _____ Date Available: _____

Work Experience/Skills

Previous Facility Types Worked: Check All That Apply

Hospital Hospice Nursing Home Rehab Private Duty Assisted Living

Type of Employment Desired: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal	Language Skills other than English: <hr/>
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Check the days of the week you are available to work:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

License Type	License/Certification #	State	Expiration Date
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Has your professional license ever been suspended, revoked or under investigation? Yes No

If Yes, Please explain:

Certifications: Check all applicable certifications and enter expiration date:

- CPR Expiration Date : _____
- BLS Expiration Date : _____



Work Experience: List all your work experience beginning with your most recent job. You will be asked to explain all gaps in employment. Attach additional sheet(s) if necessary.

Employer Name:	Date Employed: From: _____ To: _____
Address:	Title:
City/State/Zip	Name of Immediate Supervisor:
Describe duties and specialty areas:	Telephone #:
Pay Rate/Salary: Hourly _____ Yearly _____	May We Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No – If no, why?
Reason for leaving:	Supervisory Experience: <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer Name:	Date Employed: From: _____ To: _____
Address:	Title:
City/State/Zip	Name of Immediate Supervisor:
Describe duties and specialty areas:	Telephone #:
Pay Rate/Salary: Hourly _____ Yearly _____	May We Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No – If no, why?
Reason for leaving:	Supervisory Experience: <input type="checkbox"/> Yes <input type="checkbox"/> No

Additional Information:

1. Are you legally authorized to work in the USA? Yes No
2. Have you ever been convicted of a felony? Yes No
3. Can you pass a pre-employment drug test? Yes No
4. How were you referred to Abuelos Care Inc.?
 Newspaper Trade Publication Job Fair/Open House Internet Site Employee: _____

I understand that I must report all accidents to my immediate supervisor and to Abuelos Care Inc. No MATTER HOW SLIGHT. <input type="checkbox"/> Yes	
I also understand that I must wear all required personal protection equipment (PPE). <input type="checkbox"/> Yes	
The penalty for not wearing PPE is disciplinary action, up to and including termination.	
Signature _____	Date _____



ACKNOWLEDGMENT (Please read carefully and sign)

In signing this application, I certify that I have read and fully understand the questions asked in this application and that all answers given by me are true, accurate, and complete. I also understand that the omission, concealment, or misrepresentation of any fact on this application or during any interview for employment may jeopardize my chances for employment and be cause for my immediate dismissal from employment.

I give Abuelos Care Inc. permission to use any information in this application to enable it and its agents to verify the information contained in this application I also authorize present and former employers, educational institutions I have attended, credit agencies, all references, and any other persons to answer all questions asked by Abuelos Care Inc. with regard to any of the subjects covered by this application. I also understand that in connection with my application for employment or my employment, Abuelos Care Inc. may conduct a criminal background investigation and that my employment may be contingent on the results of such investigation. I release Abuelos Care Inc. its agents, and all affiliated entities, as well as any person or situation that provides any information about me, from any and all liability whatsoever resulting from any such investigation or the disclosure of such information.

In consideration of my employment and of my being considered for employment by Abuelos Care Inc. I agree to abide by all rules and regulations, which I understand are subject to change at any time for any reason without prior notice. I also understand that if employed, I will be an employee at will and employed for no definite period of time. I understand that either Abuelos Care Inc. or I can terminate my employment at any time, with or without cause and with or without advance notice. I further understand that no communication, whether oral or written, by any representative of Abuelos Care Inc., at any time, can constitute a contract of employment. No representative or agent of Abuelos Care Inc. has the authority to enter into any agreement for employment for any specific period of time or to make any agreement contrary to the foregoing.

I am willing to submit to a physical examination, including the analysis for the detection of the use of unlawful drugs or substances in accordance with the applicable laws. If I receive an offer of employment, I agree that my continued employment may be contingent on the results.

I understand that Abuelos Care Inc., is not involved in the day-to-day supervision or decision concerning patient care or dentistry. This remains with the Professional as part of the Professional’s practice. The Professional fully indemnifies Abuelos Care Inc., against any and all liability and responsibility associated with his or her professional duties. The Professional maintains his or her license as required by law, professional liability coverage and other responsibilities as found under state prime contract law.

I HAVE READ THE ABOVE AND FULLY UNDERSTAND IT.

Applicant Signature _____ Date: _____