

PARA NIÑOS DEL VALLE PEDIATRIC HOME HEALTH

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legal protected status.

PERSONAL INFORMATION *(PLEASE PRINT CLEARLY)*

NAME (LAST, FIRST, MI)		ARE YOU 18 YRS OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
PHONE NUMBER(S): HOME:		CELL:	
PRESENT ADDRESS		CITY	STATE
PERMANENT ADDRESS		CITY	STATE
SOCIAL SECURITY NO.		DRIVERS LICENSE #: (OR STATE ID)	STATE ISSUED
EMERGENCY CONTACT PERSON/RELATIONSHIP:		PHONE:	

DESIRED EMPLOYMENT

POSITION	DATE YOU CAN START	HOURLY WAGE DESIRED
ARE YOU AVAILABLE TO WORK: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> DAYS <input type="checkbox"/> NIGHTS <input type="checkbox"/> WEEKENDS <input type="checkbox"/> OTHER:		
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EVER APPLIED TO THIS AGENCY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHEN?	
EVER WORKED FOR THIS AGENCY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHEN?	
REASON FOR LEAVING		
NAME OF LAST SUPERVISOR AT THIS AGENCY		
WHO REFERRED YOU TO THIS AGENCY? <input type="checkbox"/> EMPLOYMENT AGENCY <input type="checkbox"/> NEWSPAPER <input type="checkbox"/> FRIEND <input type="checkbox"/> INTERNET		
<input type="checkbox"/> WALK IN <input type="checkbox"/> OTHER:		

EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	DEGREE(S) OBTAINED
HIGH SCHOOL				
COLLEGE				
OTHER SCHOOL				

FORMER EMPLOYERS

LIST BELOW LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT

NAME OF PRESENT OR LAST EMPLOYER				
ADDRESS		CITY	STATE	ZIP
STARTING DATE	LEAVING DATE		JOB TITLE	
STARTING HOURLY RATE	FINAL HOURLY RATE		MAY WE CONTACT YOUR SUPERVISOR <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR	TITLE		PHONE	
DESCRIPTION OF WORK				
REASON FOR LEAVING				

NAME OF PRESENT OR LAST EMPLOYER				
ADDRESS		CITY	STATE	ZIP
STARTING DATE	LEAVING DATE		JOB TITLE	
STARTING HOURLY RATE	FINAL HOURLY RATE		MAY WE CONTACT YOUR SUPERVISOR <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR	TITLE		PHONE	
DESCRIPTION OF WORK				
REASON FOR LEAVING				

NAME OF PRESENT OR LAST EMPLOYER				
ADDRESS		CITY	STATE	ZIP
STARTING DATE	LEAVING DATE		JOB TITLE	
STARTING HOURLY RATE	FINAL HOURLY RATE		MAY WE CONTACT YOUR SUPERVISOR <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR	TITLE		PHONE	
DESCRIPTION OF WORK				
REASON FOR LEAVING				

REFERENCES

BELOW, GIVE THE NAMES OF THREE PERSONS YOU ARE NOT RELATED TO, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

	NAME	PHONE NUMBER	OCCUPATION	YEARS ACQUAINTED
1				
2				
3				

HAVE YOU EVER BEEN REPORTED TO THE EMPLOYEE MISCONDUCT REGISTRY AND /OR NURSE AIDE REGISTRY? <input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU BEEN CONVICTED OF A MISDEMEANOR AND/OR FELONY WITHIN THE LAST 5 YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, EXPLAIN (WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION):

AUTHORIZATION

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL. I ALSO UNDERSTAND THAT I AM REQUIRED TO ABIDE BY ALL RULES AND REGULATIONS OF THE EMPLOYER.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE AND RELEASE THE AGENCY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE 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, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED AGENCY REPRESENTATIVE.

I HEREBY UNDERSTAND AND ACKNOWLEDGE THAT, UNLESS OTHERWISE DEFINED BY APPLICABLE LAW, ANY EMPLOYMENT RELATIONSHIP WITH THIS ORGANIZATION IS OF AN "**AT WILL**" NATURE, WHICH MEANS THAT THE EMPLOYEE MAY RESIGN AT ANY TIME AND THE EMPLOYER MAY DISCHARGE EMPLOYEE AT ANY TIME WITH OR WITHOUT CAUSE. IT IS FURTHER UNDERSTOOD THAT THIS "**AT WILL**" EMPLOYMENT RELATIONSHIP MAY NOT BE CHANGED BY ANY WRITTEN DOCUMENT OR BY CONDUCT UNLESS SUCH CHANGE IS SPECIFICALLY ACKNOWLEDGED IN WRITING BY AN AUTHORIZED EXECUTIVE OF THIS ORGANIZATION.

DATE

SIGNATURE