



A Caring Life Home Health Inc  
35 E 10th Street STE H  
Tracy CA 95376

### EMPLOYMENT APPLICATION

Date: \_\_\_\_\_

PLEASE PRINT

First Name M.I Last Name

Street Address Apt# City State Zip Code

Home Phone Cell Phone E-Mail Address

Social Security Number DOB DL# Expiration

#### PLEASE PROVIDE RESPONSE

Are you interested in:  Full Time  Part-Time  Temporary

Schedule Preference:  Weekdays  Weekends  Evenings

How did you hear about our Agency:  Company Website  Friend Referral (Name) \_\_\_\_\_  
 Internet  Walk In

Availability Date: \_\_\_\_\_ Primary County Coverage: \_\_\_\_\_

Desired Position (Field):  RN  LVN  HHA  PT  PTA  OT  MSW  ST  RD

Desired Position (Office-Please write in): \_\_\_\_\_

*ACLHH, INC is an equal opportunity employer and does not discriminate against any applicant or employee because of race, color, religion, sex, national origin, disability, age or military or veteran status in accordance with federal law. In addition, ACLHH, INC complies with applicable state and local laws governing non-discrimination of employment in every jurisdiction in which it maintains facilities. ACLHH, INC also provides reasonable accommodation to qualified individuals with disabilities in accordance with applicable laws.*

**EMPLOYMENT HISTORY**

Please list the last five (5) years of employment history, starting with most recent employer.

1. Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor Name & Title: \_\_\_\_\_

Supervisor Contact Number: \_\_\_\_\_

Position Held: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Briefly describe your duties/responsibilities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

2. Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor Name & Title: \_\_\_\_\_

Supervisor Contact Number: \_\_\_\_\_

Position Held: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Briefly describe your duties/responsibilities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**3. Company Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Supervisor Name & Title:** \_\_\_\_\_

**Supervisor Contact Number:** \_\_\_\_\_

**Position Held:** \_\_\_\_\_ **Dates of Employment:** \_\_\_\_\_

**Briefly describe your duties/responsibilities:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Reason for leaving:** \_\_\_\_\_

**4. Company Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Supervisor Name & Title:** \_\_\_\_\_

**Supervisor Contact Number:** \_\_\_\_\_

**Position Held:** \_\_\_\_\_ **Dates of Employment:** \_\_\_\_\_

**Briefly describe your duties/responsibilities:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Reason for leaving:** \_\_\_\_\_

**5. Company Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Supervisor Name & Title:** \_\_\_\_\_

**Supervisor Contact Number:** \_\_\_\_\_

**Position Held:** \_\_\_\_\_ **Dates of Employment:** \_\_\_\_\_

**Briefly describe your duties/responsibilities:**

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**Reason for leaving:** \_\_\_\_\_

**PLEASE RESPOND APPROPRIATELY**

**\*\*Federal Law requires that employers hire only individuals who are authorized to be lawfully employed in the United States of America. In compliance with these laws, A Caring Life Home Health, Inc. will verify the status of every individual offered employment with the company. All offers of employment is subject to verification of the applicant's identity and employment authorization, it will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization\*\***

Are you over 18 years of age?  Yes  No

Are you authorized to work in the United States?  Yes  No

Are you able to perform the essential functions of the job that you are applying for with or without a reasonable accommodation?  Yes  No

**EDUCATION:**

Name & Address of School	Major	Graduate Y/N	Type of Degree or Diploma

**PROFESSIONAL LICENSES**

Type of License	State of Licensing	License Number/Expiration
Type of License	State of Licensing	License Number/Expiration

**PROFESSIONAL REFERENCES**

Please list three (3) professional references who can furnish information about job performance.

NAME	COMPANY	RELATIONSHIP	PHONE

**PLEASE READ THE FOLLOWING INFORMATION CAREFULLY**

*In the last seven (7) years, have you ever convicted of, or have you pleaded guilty to any felony or misdemeanor\*? (Please exclude minor traffic offenses and convictions which have been sealed, impounded, erased, expunged, annulled or nulled)*

*For California Applicants: In accordance with California Labor Code Sections 423.7 and 423.8, please do not disclose information regarding any misdemeanor convictions from marijuana-related offenses that are more than two years old, or any other information regarding any pre-trial or post-trial diversion programs in which you have participated.*

*\*PLEASE NOTE: Other factors will be considered such as the nature of the offense, the time that has passed since the conviction and the type of job being sought. Further, this information will be used only for job related purposes and only to the extent permitted by applicable law.*

## **DISCLOSURE**

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand, that, if employed, falsified statements on this application SHALL BE GROUNDS FOR DISMISSAL

I authorize complete investigation of all statements contained herein and hereby give my full permission for the Agency to contact and fully discuss my background and history with all persons and entities listed above to give the Agency any and all information concerning my previous employment and any information they may have, and release all former employees and others listed above from all liability for any damage that may result from furnishing the same to the Agency.

I understand and agree that, if hired, my employment is for no definite period between the Agency and I, my employment will be "at will" and either the Agency or I can terminate my employment with or without cause and with or without notice at any time.

I certify that I have not signed any kind of restrictive document creating any obligation to any former employer that would restrict my acceptance of employment with the Agency in the position I am seeking.

**DATE:** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

## **BACKGROUND AUTHORIZATION DISCLOSURE**

A Caring Life Home Health, Inc "Agency" may obtain information about you from a criminal background firm for employment purposes. You may be the subject of a "consumer report" and/or an "investigative consumer report" which is restricted to information regarding your criminal history, social security verification, motor vehicle records, driving records and verification of your education or employment history. You have the right to a written request made within a reasonable time after receipt of this notice to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by a criminal background firm or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing the company to obtain from any outside organizational manner of consumer reports and investigative consumer reports (restricted to criminal history, social security verification, motor vehicle records, driving records and verification of your education or employment history) now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

### **Acknowledgement and Authorization**

I acknowledge the receipt of the Background Authorization Disclosure and a Summary of your rights under the Fair Crediting Reporting Act, provided by A Caring Life Home Health and I certify that I have read and understand both documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports (restricted to criminal history, social security verification, motor vehicle records, driving records and verification of your education or employment history) at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer or insurance company to furnish background information (restricted to criminal history, social security verification, motor vehicle records, driving records and verification of your education or employment history) requested by a criminal background firm or another outside organization acting on behalf of the Agency and/or the Agency itself. I agree that an electronic or photographic copy of this authorization shall be valid as the original.

**CALIFORNIA APPLICANTS OR EMPLOYEES:** By signing the following document, you also acknowledge the notice regarding Background Investigation Pursuant to California Law. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge, if one is obtained by the Agency whenever you have a right to receive such a copy under California law.



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First Name

Middle

Last Name

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Other Names/Maiden/AKA

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Social Security Number

Date of Birth

---

Phone

Driver's License Number and State

---

Current Address

City

---

State

Zip

---

Applicant/Employee Signature

Date

**CLIENT ID: A CARING LIFE HOME HEALTH, INC.**

\*This information will be used for background screening purposes only and will not be used as a hiring criteria.



**EMPLOYEE EMERGENCY CONTACT INFORMATION**

Employee Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Next of kin: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Address: \_\_\_\_\_

**\*In case of emergency, please contact:**

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Address: \_\_\_\_\_

***\*Please notify this Agency immediately if any of the emergency contact information has changed.***