



Employment Application

Affinia Home Care is an Equal Opportunity Employer. Applicants for all job openings are welcome and will be considered without regards to race, color, religion, national origin, sex, age, sexual orientation, physical or mental abilities, or any other basis protected by State, Federal or Local law.

Applicant Information

Full Legal Name _____ SSN _____

List any other names or SSN used in the past _____ SSN _____

Present Address _____ City/State _____ Zip _____

Permanent Address _____ City/State _____ Zip _____

Email _____ Tel _____ Mobile _____

Emergency Contact _____ Tel _____ Relationship _____

Are you registered as an HCA with the California Department of Social Services? YES ___ NO ___

If YES, what is your HCA Registration Number? _____

How long have you been a: CNA _____ LVN _____ CHHA _____ RN _____ Caregiver _____

Examples of conditions of clients with which you have worked: _____

Client/Patient References:

Name _____ Business _____ Tel _____

Name _____ Business _____ Tel _____

Name _____ Business _____ Tel _____

Availability:

From/to	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total

Type of work desired (check all that applies):

- Companion Live-In
- Personal Care Full time
- Hospice Part Time
- Hourly Reliever
- Short Hours Weekdays
- Long Hours Weekends

To be hired you must provide the following:

- TB Test Results Live Scan Results CPR/First Aid Certificate
- Employment Verification Documents Photo ID

Additionally, applicant who drive will need to provide:

- DMV Driving Record Driver's License Proof of Car Insurance

Can you accept a position immediately? YES NO If no, date you can start? _____

Do you have a reliable method of transportation? YES NO

Driving Information (Complete the following section if the position you are applying for may involve driving)

Do you have a current valid driver's license? YES NO Driver's License Number: _____

Has your driver's license ever been suspended or revoked? YES NO

If yes, explain: _____

Do you have personal automobile insurance? YES NO Insurance Company: _____

Have you ever been cited for DUI/DWI in the last five years? YES NO

If yes, explain circumstances and outcome: _____

Please list all moving traffic violations in the last five years (offense, date, location): _____

Employment History:

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.

We may contact the employers listed below for references unless you indicate those you DO NOT want us to contact.

Do Not Contact. Employer Name(s): _____
Reason: _____

1	Company Name		Supervisor's Name and Title		Telephone Number	
	Address		City		State	Zip Code
	Job Title and Description of Work					
	Dates of Employment From: To:		Pay per ___ hour ___ month ___ year Starting pay _____ Ending pay _____		Reason for Leaving	
2	Company Name		Supervisor's Name and Title		Telephone Number	
	Address		City		State	Zip Code
	Job Title and Description of Work					
	Dates of Employment From: To:		Pay per ___ hour ___ month ___ year Starting pay _____ Ending pay _____		Reason for Leaving	
3	Company Name		Supervisor's Name and Title		Telephone Number	
	Address		City		State	Zip Code
	Job Title and Description of Work					
	Dates of Employment From: To:		Pay per ___ hour ___ month ___ year Starting pay _____ Ending pay _____		Reason for Leaving	

Education:

Name of High School	Years Completed	Diploma
Name of College/University <i>Study/Major</i>	Years Completed	Diploma/ Degree/ Certificate
Name of Trade School <i>Study/Major</i>	Years Completed	Diploma/ Degree/ Certificate
Name of CNA/CHHA/LVN/RN School <i>Study/Major</i>	Years Completed	Diploma/ Degree/ Certificate

Have you ever pled guilty or “no contest” to, or been convicted of, a misdemeanor or felony? YES NO

If yes, please give the dates and details: _____

Have you been arrested for any matters for which you are out on bail or on your own recognizance pending trial?

YES NO If yes, please give details: _____

Note: Answering “yes” to these questions does not constitute an automatic bar to employment. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account. (Do not include minor traffic infractions, and convictions for which the record has been sealed or expunged, any conviction for which probation has been successfully completed or otherwise discharged and the case has been judicially dismissed, referrals to and participation in any pretrial or post trial diversion programs, and marijuana-related offenses that occurred over two years ago in answering these questions.)

APPLICANT'S AGREEMENT & UNDERSTANDING

Job Testing & Investigations: In the event of my employment to a position at the Company, I will comply with all rules and regulations of the Company. I understand that the Company reserves the right to require me to submit to a test for the presence of drugs in my system prior to employment and at any time during my employment to the extent permitted by law. I also understand that any offer of employment may be contingent upon the passing of a physical examination and a test for the presence of unlawful substances (including lawful substances used in an unlawful manner) in my system, performed by a doctor. I consent to the disclosure of the results of physical examinations and related tests to the Company. I also understand that I may be required to take other tests, such as personality or proficiency testing, prior to employment and during my employment. I understand that should I decline to sign this consent or decline to take any of the above tests, my application for employment may be rejected or my employment may be terminated. I understand that the Company may investigate my driving record and my criminal record and that an investigative consumer report may be prepared whereby information is obtained through personal interviews with my neighbors, friends, personal references, and others with whom I am acquainted. I understand that I have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation. I further understand that the Company may contact my previous employers and I authorize these employers to disclose to the Company all records and information pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, I hereby fully waive any rights or claims I have or may have against my former employers, their agents, employees, and representatives, as well as other individuals who release information to the Company, and release them from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me. I authorize the persons named as personal references on this application to provide the Company with any pertinent information they may have regarding myself.

Truth of All Information Given By Applicant: I hereby state that all the information that I provided on this application or any other documents filled out in connection with my employment, and in any interview is true and correct. I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that if I am employed and any such information is later found to be false in any respect, I will be dismissed.

At-Will Provision: I understand and agree that if offered employment by this Company (“Employer”), my employment and compensation is for no definite period and may be terminated by either the Employer or me at any time and for any reason whatsoever, with or without good cause or notice. I further understand and agree that no implied, oral or written agreements contrary to the express language of this Agreement are valid unless signed in writing by the President of the Employer. No other supervisor or representative of the Employer has the authority to make any agreement or promise contrary to the above understandings. I understand and agree that if offered employment with the Employer, this “at-will” agreement governing my indefinite term of employment and rate of compensation shall take the place of any and all prior and contemporaneous agreements, representations, promises and understandings between myself and the Employer.

DO NOT SIGN UNTIL YOU HAVE READ & UNDERSTOOD THE ABOVE STATEMENTS AND AGREEMENT.

I hereby acknowledge that I have read the above statements and understand the same. I certify that the information contained in this document is true and complete to the best of my knowledge.

Signature of Applicant _____ Date _____