

Employment Application

An Equal Opportunity Employer



**PLEASE PRINT YOUR
NAME ON ALL PAGES!**

**Helping Hands for Better Living,
Inc .
& Colony West Employer Services**

Position Applied For:

Title
Date
Minimum Acceptable Salary/Wage:

Personal Information

Last Name	First Name	Middle Initial	Application Date
Home Phone	Phone	Email Address	
Permanent Address	City	State	Zip Code

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

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

Are you OVER 18? Yes No
 If you are under 18 and still in high school, you will be required to provide a work permit upon hire.

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

If no, describe the functions that cannot be performed, such as not being able to stand for prolonged periods of time:

STOP!

Per Title 17, California Code of Regulations, Section 54311(a)(6), the following individuals are excluded from employment at an adult day health care center / community based adult services center:
 Any individual who has within the previous ten (10) years:

- (A) Been convicted of any felony or misdemeanor involving fraud or abuse in any government program, or related to neglect or abuse of an elder or dependent adult or child, or in any connection with the interference with, or obstruction of, any investigation into health care related fraud or abuse; or
- (B) Been found liable in any civil proceeding for fraud or abuse involving any government program; or
- (C) Entered into a settlement in lieu of conviction involving fraud or abuse in any government program.

If you do not meet any of the criteria listed above, please continue to the next page.

If you meet any or all of the criteria listed above, please stop here and do not complete the application.

Name of School and College	City, State	Major	Degree/Diploma Date Granted
High School:		XXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX	
College/ University:			
Graduate School:			
Nursing School:			
Other/ R.O.P, etc:			

Item Name	Expiration Date	Item Name	Expiration Date
<input type="checkbox"/> CPR Certification		<input type="checkbox"/> First Aide Certification	
<input type="checkbox"/> C.N.A.		<input type="checkbox"/> L.V.N.	
<input type="checkbox"/> R.N.		<input type="checkbox"/> LCSW/ ACSW	

Additional education, vocational, military, or other information you feel may be helpful to us in considering your application:

Professional Certificates or Licenses Held:

Employment History

PLEASE LIST MOST RECENT EMPLOYER FIRST (Current Job or Preceding Job)

Company Name	Address	City, State	Zip Code
Starting Job Title	Ending Job Title	May we contact employer? <input type="radio"/> Yes <input type="radio"/> No	
Supervisor's Name and Title		Phone	
Reason for Leaving			
Job Duties	Dates of Employment		
	From (mo/yr)	To (mo/yr)	

Name: _____

Employment History.... continued			
Company Name	Address	City, State	Zip Code
Starting Job Title	Ending Job Title	May we contact employer? <input type="radio"/> Yes <input type="radio"/> No	
Supervisor's Name and Title		Phone	
Reason for Leaving			
Job Duties	Dates of Employment		
	From (mo/yr)	To (mo/yr)	

Company Name	Address	City, State	Zip Code
Starting Job Title	Ending Job Title	May we contact employer? <input type="radio"/> Yes <input type="radio"/> No	
Supervisor's Name and Title		Phone	
Reason for Leaving			
Job Duties	Dates of Employment		
	From (mo/yr)	To (mo/yr)	

How/Where did you hear about us?

Please list three present or former supervisors or managers who have knowledge of your work performance within the last three years.

Name	Phone	Email Address	Business Relationship
1.			
2.			
3.			

Please be advised that if offered employment, you will be REQUIRED to complete:

- **A pre-employment physical examination**
- **A tuberculin skin test to rule out tuberculosis, or a Chest X-Ray if you previously had a positive skin test**
- **A 75-pound lift test (if applicable to your job title/ position)**
- **A pre-employment urine drug screen test**
- **A criminal background check**

Name: _____

Read Carefully, Initial Each Paragraph (on the line on the left), and Sign Below

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for 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 Helping Hands for Better Living, Inc. 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 Helping Hands for Better Living, Inc. 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 Helping Hands for Better Living, Inc., 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 Helping Hands for Better Living, Inc. In addition, I understand and agree that if I am employed, 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 Helping Hands for Better Living, Inc., and that no promises or representations contrary to the foregoing are binding on Helping Hands for Better Living, Inc. unless made in writing and signed by me and Helping Hands for Better Living, Inc.'s designated representative.

_____ 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 Helping Hands for Better Living, Inc., I am entitled to copies of any such public records obtained by Helping Hands for Better Living, Inc. 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.

_____ I understand that if I am being considered for employment by Helping Hands for Better Living, Inc., I may be required to submit to a post-offer physical and drug/alcohol testing (all of which will be paid by Helping Hands for Better Living, Inc.) and to authorize the release of the physical examination and test results to Helping Hands for Better Living, Inc.. Applicants whose test results are positive (prohibited substance present) will not be eligible for further employment consideration.

In consideration of my employment, I agree to conform to the rules and regulations of Helping Hands for Better Living, Inc. I understand that my Employment Application will be placed in an active status for a period of six months during which time it will be reviewed as job openings occur in my area of job interest. I also understand that should I wish to continue being considered for job openings beyond the six-month period, I must reapply by submitting a new Employment Application or submitting a letter requesting renewal of my Application and including an update of my qualifications.

Signature _____ **Date** _____



EMPLOYEE REFERENCE CHECK AUTHORIZATION AND RELEASE

I certify that the information given by me in this application is true and complete. I understand and agree that any false answers or statements, or misrepresentations by omission, made by me on this application or any related document, will be sufficient for rejection of my application and refusal of employment, or for my immediate discharge should such falsifications or misrepresentations be discovered after I am employed. I understand that my answers on this application may be verified.

I hereby authorize **Helping Hands for Better Living** to conduct a reference check with my former and/or current employer(s). I understand that reference information may include, but is not limited to, verbal and written inquiries or information about my employment performance, professional demeanor and character, rehire potential, dates of employment, salary, and employment history.

My signature below also authorizes my former and/or current employer(s) to release information regarding my employment record with their organizations and to provide any additional information that may be necessary for my application for employment at **Helping Hands for Better Living**, whether the information is positive or negative.

I knowingly and voluntarily release all former and current employer(s) and **Helping Hands for Better Living** and its agents from any and all liability that may potentially result from the release and/or use of such information. I understand that any information released by my former and/or current employer(s) will be held in the strictest confidence, that it will be viewed only by those involved in the hiring decision, and that neither I nor anyone else not so involved will have the right to see the information.

This form may be photocopied or reproduced as a facsimile (fax), and these copies shall be considered as valid as the original authorization.

Print Name

Position Applied For

Signature

Date

Helping Hands for Better Living ADHC/CBAS Rep.

Title

Representative Signature

Date