

PERSONAL INFORMATION

IF HIRED, WOULD YOU HAVE RELIABLE MEANS OF TRANSPORTATION TO AND FROM WORK? YES NO

ARE YOU ATLEAST 18 YRS OLD? YES NO
 (If under 18, hire is subject to verification that you are of minimum legal age.)

ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING, EITHER WITH OR WITHOUT REASONABLE ACCOMODATION? YES NO

If no, describe the functions that cannot be performed. _____

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/ employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

We may refuse to hire relatives of present employees if doing so could result in actual or potential problems in supervision, security, safety, or morale, or if doing so could create conflicts of interest.

EDUCATION, TRAINING, AND EXPERIENCE

<u>SCHOOL</u>	<u>NAME & ADDRESS</u>	<u>No. of Years Completed</u>	<u>DID YOU GRAUATE?</u>	<u>DEGREE OR DIPLOMA</u>
HIGH SCHOOL			YES NO	DEGREE DIPLOMA
COLLEGE / UNIVERSITY			YES NO	DEGREE DIPLOMA
VOCATIONAL / BUSINESS			YES NO	DEGREE DIPLOMA
HEALTH CARE TRAINING			YES NO	DEGREE DIPLOMA

DO YOU HAVE ANY OTHER EXPERINECE, TRAINING QUALIFICATIONS, OR SKILL THAT YOU FEEL MAKE YOU ESPECIALLY SUITED FOR WORK AT CARMEL HILLS CARE CENTER? YES NO

If so, please explain: _____

ANSWER THE FOLLOWING QUESTION IF YOU ARE APPLYING FOR A PROFESSIONAL POSTION:

ARE YOU LICENSED/CERTIFIED FOR THE JOB APPLIED FOR? YES NO

NAME OF LICENSE/CERITIFICATION: _____ ISSUING STATE: _____

HAS YOUR LICENSE/CERTIFICATION EVER REVOKED OR SUSPENDED? YES NO

If yes, state reason(s), date of revocation or suspension, and date of reinstatement. _____

EMPLOYMENT HISTORY

List below all present and past employment starting with your most recent employer (last five years is sufficient).

<u>Name of Employer</u>	<u>Phone number</u>	<u>Type of Business</u>	<u>Supervisor Name</u>
<u>Address</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>
<u>Dates of Employment:</u> From:		To:	
<u>Your position and Duties:</u>			
<u>Reason for Leaving:</u>			
<u>Current Employer?</u>	YES	NO	

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<u>Dates of Employment:</u> From:		To:	
<u>Your position and Duties:</u>			
<u>Reason for Leaving:</u>			
<u>Current Employer?</u>	YES	NO	

<u>Name of Employer</u>	<u>Phone number</u>	<u>Type of Business</u>	<u>Supervisor Name</u>
<u>Address</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>
<u>Dates of Employment:</u> From:		To:	
<u>Your position and Duties:</u>			
<u>Reason for Leaving:</u>			
<u>Current Employer?</u>	YES	NO	

REFERENCES

LIST BELOW THREE PERSONS NOT RELATED TO YOU WHO HAVE KNOWLEDGE OF YOUR WORK PERFORMANCE WITHIN THE LAST THREE YEARS.

<u>First Name</u>	<u>Last Name</u>	<u>Phone Number</u>
<u>Occupation:</u>		
<u>Number of years Acquainted:</u>		

<u>First Name</u>	<u>Last Name</u>	<u>Phone Number</u>
<u>Occupation:</u>		
<u>Number of years Acquainted:</u>		

<u>First Name</u>	<u>Last Name</u>	<u>Phone Number</u>
<u>Occupation:</u>		
<u>Number of years Acquainted:</u>		

OPTIONAL

<p>_____</p> <p>Initials</p>	<p>This company conducts internal background checks and may search public records. I am entitled to copies of any such public records obtained by the company unless I mark the check box below.</p> <p>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.</p> <p>“Public records” are defined by California state law and means records documenting an “arrest, indictment, conviction, civil judicial action, tax lien, or outstanding judgement.” (Civil Code section 1786.53) Any public records request performed by internal personnel employed by the company will only be conducted and used to the extent allowed by federal, state or local law, including any laws governing use of criminal history information.</p>
	<p>I waive receipt of a copy of any public record described in the paragraph above.</p>
<p>_____</p> <p>Date</p>	<p>_____</p> <p>Applicant’s Signature</p>