

Magic Touch Homecare

5031 Birch St. Suite K, Newport Beach, CA 92660

Tel# 949-863-0208 | Fax# 949-423-1300

Please mail completed application to: P.O. Box 16384, Irvine, CA 92623

(Please write legibly)

Date: _____

Personal Information:

Name: _____ Cell #: _____
 Address: _____ Hm#: _____
 City: _____ State: _____ Fax #: _____
 Zip: _____ Email: _____

Are you authorized to work in the U.S? No Yes
 S.S.N: _____

Do you have the following requirements:

CPR/First Aid: Yes No Exp. Date: _____
 TB Test: Yes No Exp. Date: _____
 Live Scan: Yes No Exp. Date: _____
 Driver's Lic: Yes No Issued By: _____ Exp: _____

Please list other languages you can speak and write (other than English):

Language	Speak:	Write:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you looking for: Full-time Part-time work
 Days you are available to Work: _____ / Time you are available to work: (pls. check availability)

(pls check)

<input type="checkbox"/> Monday	<input type="checkbox"/> morning _____	<input type="checkbox"/> afternoon _____	<input type="checkbox"/> evening _____
<input type="checkbox"/> Tuesday	<input type="checkbox"/> morning _____	<input type="checkbox"/> afternoon _____	<input type="checkbox"/> evening _____
<input type="checkbox"/> Wednesday	<input type="checkbox"/> morning _____	<input type="checkbox"/> afternoon _____	<input type="checkbox"/> evening _____
<input type="checkbox"/> Thursday	<input type="checkbox"/> morning _____	<input type="checkbox"/> afternoon _____	<input type="checkbox"/> evening _____
<input type="checkbox"/> Friday	<input type="checkbox"/> morning _____	<input type="checkbox"/> afternoon _____	<input type="checkbox"/> evening _____
<input type="checkbox"/> Saturday	<input type="checkbox"/> morning _____	<input type="checkbox"/> afternoon _____	<input type="checkbox"/> evening _____
<input type="checkbox"/> Sunday	<input type="checkbox"/> morning _____	<input type="checkbox"/> afternoon _____	<input type="checkbox"/> evening _____
<input type="checkbox"/> Holidays	<input type="checkbox"/> morning _____	<input type="checkbox"/> afternoon _____	<input type="checkbox"/> evening _____

Education/ Training:

Course Taken: _____ School: _____
 Completed: Yes No If yes, what year: _____

Course Taken: _____ School: _____
 Completed: Yes No If yes, what year: _____

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Work Experience: List all your employers starting with the most recent.

Dates: _____ Name of Agency / Name of Client:
to _____

Tasks Performed for this client:

Reason no longer working: _____

Ending pay: _____ per _____ May we contact: Yes No

Dates: _____ Name of Agency / Name of Client:
to _____

Tasks Performed for this client:

Reason no longer working: _____

Ending pay: _____ per _____ May we contact: Yes No

Dates: _____ Name of Agency / Name of Client:
to _____

Tasks Performed for this client:

Reason no longer working: _____

Ending pay: _____ per _____ May we contact: Yes No

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Employment Disclosure

This employment disclosure is made on this ____ day of _____, 20____ by and between _____
_____ and *Magic Touch Homecare*.

____ That I desire to seek, and have thus applied for employment with *Magic Touch Homecare* ;

____ That I have previously worked for other home care agency/ -ies as a caregiver

____ That I am seeking employment with *Magic Touch Homecare* out of my own free will.

____ That I will handle all information provided to me by *Magic Touch Homecare* with strict confidentiality.

I hereby certify that all the above statements are true and correct.

Date

Applicant's Printed Name:

Applicant's Signature:

