Home & Health Care™ MANAGEMENT

CHICO OFFICE
1398 Ridgewood Dr
Chico, CA 95973
(530) 343-0727
Fax: (530) 487-8585

REDDING OFFICE
1647 Hartnell Ave, Ste 11
Redding, CA 96002
(530) 226-0120
Fax: (530) 224-7186

www.homeandhealthcaremgmt.com

EMPLOYMENT APPLICATION

An Equal Employment Opportunity Employer

PLEASE PRINT, AND COMPLETE APPLICATION IN FULL

DATE: _____

Name: _____
(Last) (First) (Middle) Other name(s) under which you have been educated or employed.

Telephone Number (____) _____ Message Number (____) _____

Mailing Address: _____
Number/Street City State Zip

Permanent Address (if different from mailing address)

_____
Number/Street City State Zip

Email Address _____

EMPLOYMENT DESIRED

Position(s) Applying for: _____

Are you applying for: _____ Part-Time _____ Full-Time _____ Temporary _____ Regular

Which days/times are you *not* available to work? _____

Are you available to work on weekends? _____ Can you work overtime, if necessary? _____

If hired, on what date would you be available for work? _____

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EDUCATION, TRAINING, AND EXPERIENCE

SCHOOLS	NAME & ADDRESS	NO. OF YEARS COMPLETED	COURSES OR MAJOR SUBJECTS	DEGREES OR DIPLOMA
HIGH SCHOOL				
COLLEGE OR UNIVERSITY				
GRADUATE SCHOOL				
OTHER Vocational, Apprenticeship				

Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work at Home & Health Care Management? If so, please explain:

_____

Are you licensed or certified for the job you are applying for? _____

Type of License	Professional License No.	State Issued	Expiration Date

Has your license/certification ever been revoked or suspended? _____ If yes, state reason(s), date of revocation or suspension, and date of reinstatement:

_____

Are you currently licensed in any other states? _____

If so, name of state _____

Language Ability: List only those languages you could use in the position you are applying for:

Language: _____ Speak _____ Read _____ Write ____

Language: _____ Speak _____ Read _____ Write ____

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List below your work experience, beginning with your most recent job or volunteer experience. *You must complete this section; do not write "see resume."* Information for the last 10 years is sufficient.

Dates/Supervisor	Employer	Job Title & Duties
From:	Name	
To:	Address	
Supervisor:	Telephone	
Reason for Leaving:		

From:	Name	
To:	Address	
Supervisor:	Telephone	
Reason for Leaving:		

From:	Name	
To:	Address	
Supervisor:	Telephone	
Reason for Leaving:		

May we contact the employers/agencies listed above? _____ If no, please indicate which one(s) you do not wish us to contact:

_____

MILITARY SERVICE

Have you obtained any special skills or abilities as a result of service in the military? _____ If so, please describe: _____

_____

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PERSONAL REFERENCES

Please list three personal references, excluding former employers or relatives.

Name	Occupation	Address	Telephone	No. Years Acquainted

May we contact the personal references listed above? _____

PERSONAL INFORMATION

Have you ever applied to or worked for Home & Health Care Management before? _____

If yes, when? _____

Why are you applying for work at Home & Health Care Management? _____

If hired, would you have reliable transportation to and from the work/volunteer site? _____

Are you at least 18 years old? _____ If *you are under 18, work is subject to verification that you meet agency requirements.*

If hired, can you present evidence of your US citizenship or proof of your legal right to live and work in the United States? _____ *U.S. Immigration Form 1-9 must be completed within 3 days of hiring.*

Do you have any limitations on your ability to perform job-related functions of the position for which you are applying? _____ If yes, describe the conditions and the nature of your work limitations _____

_____

Home & Health Care Management does not discriminate on the basis of race, color, religion, sex (including sexual harassment or pregnancy), national origin, ancestry, age (over 40), mental or physical disability, veteran status, medical condition, marital status, sexual orientation or political activity.

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PLEASE READ AND SIGN BELOW:

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment, and or placement as a volunteer 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, or volunteer shall be grounds for rejection of this application or for immediate discharge if I am employed, or are a volunteer regardless of the time elapsed before discovery.

I hereby authorize Home & Health Care Management to thoroughly investigate my references, work record, education and other matters related to my suitability for employment or volunteering, and further, authorize my former employer or agency where I volunteered to disclose to Home & Health Care Management 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 Home & Health Care Management, 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.

In consideration of my employment, I agree to conform to the rules and standards of the Agency and agree that my employment and compensation can be terminated at will, with or without cause, and with or without notice, at any time, either at my option or at the option of the Agency. I understand that no employee or representative of the Agency other than the President of the Agency has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. Further, the Agency may not alter the at-will nature of the employment relationship unless the Agency does so specifically and in writing. I also understand that all offers of employment are conditioned on the provision of satisfactory proof of an applicant's identity and legal authority to work in the United States.

Signed _____Date _____

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EEOE
M/F/V/D

Do not write below this line, intended for Home & Health Care Management Human Resources use only

Interview:

Yes _____ No _____ Date _____ By _____

Affirmative Action

EEOE # _____ Separation Date _____ Initials _____

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OIG / SAM VERIFICATION FORM

PLEASE PRINT AND COMPLETE IN FULL AND INCLUDE WITH EMPLOYEE APPLICATION FORM

In order to work for Home and Health Care Management, we must perform, as part of our background check verification, that your name is not listed on the System for Award Management (SAM), as well as the Office of Inspector General (OIG) list. In order to verify your name, we must have your Social Security Number and, in some cases, your birth date to perform this verification. We cannot place you as an employee without first running your name and personal identifying data through these listing services to verify that you are not listed. Applicants may be denied employment solely on the grounds of being listed on these lists. Please provide the following information to us in order to perform the verification. This information will be kept in the strictest confidence in our Human Resources Department.

Name _____
(Last) (First) (Middle

_____
Other name(s) under which you may have been educated or employed

Telephone Number (_____)_____ Other Number (_____)_____

Social Security Number: _____-_____-_____ Birth date (mm/dd/yyyy): _____/_____/_____

_____
Signature authorizing background and reference checks Date

☐ Please check here if you would like a copy of the report mailed or email to you once it is completed. You must provide a legible mailing address and/or email on your application.

We have information required by the Fair Credit Reporting Act (FCRA) "Summary of Rights" and the California required "Statement of Consumer Rights" available to all applicants.

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VOLUNTARY AFFIRMATIVE ACTION QUESTIONNAIRE

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Home & Health Care Management is required to report certain information and statistics to various federal and state agencies relating to the applicants' ethnic background, sex, disability, and veteran status. This data is for analysis and affirmative action only. Your completion of this form is voluntary. The information you provide will be kept separate and confidential, and will not be used for employment decisions.

TODAY'S DATE: _____

SEX: Male _____ Female _____ Do Not Wish to Self-Identify _____

POSITION APPLIED FOR: _____ COUNTY: _____

SOURCE OF REFERRAL: _____

PLEASE CHECK ONE:

_____ Black
_____ Hispanic
_____ Asian/Pacific Islander
_____ American Indian/Alaskan Native
_____ Caucasian
_____ Two or More Races
_____ Other (please specify) _____

NATIONAL ORIGIN: _____

PLEASE CHECK IF ANY OF THE FOLLOWING ARE APPLICABLE:

_____ Vietnam Era Veteran
_____ Disabled Veteran
_____ Disabled Individual

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EEOE
M/F/V/D

Do not write below this line, intended for Home & Health Care Management use only.

Affirmative Action

EEOE# _____ Separation Date _____ Initials _____