



APPLICATION FOR EMPLOYMENT

3120 WILLOW AVENUE, SUITE 102, CLOVIS, CA 93612

TEL: 559.412.7953

FAX: 559.492.3503

PERSONAL INFORMATION

LEGAL NAME: _____ SSN: _____

ADDRESS: _____

HOME #: _____ CELL #: _____ FAX #: _____

EMAIL: _____ PREFERRED COMMUNICATION: HOME/CELL/FAX/EMAIL

IF HIRED, ARE YOU ABLE TO PROVIDE PROOF OF ELIGIBILITY TO WORK IN THE USA? YES NO

EMPLOYMENT INFORMATION

POSITION APPLYING FOR: CLERICAL / RN / LVN / PT / OT / ST / MSW / OTHER: _____

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

DATE YOU CAN START WORK: _____ DAYS AVAILABLE TO WORK: _____

ARE YOU APPLYING FOR: FULL TIME / PART TIME / INDEPENDENT CONTRACTOR

FOR VISITING STAFF: WHICH AREAS ARE YOU WILLING TO VISIT (Check the county OR circle the cities):

Fresno County: Clovis / Fowler / Fresno / Kerman / Kingsburg / Orange Cove / Parlier / Reedley / Sanger / Selma

Madera County: Madera / Other: _____

HOW WERE YOU REFERRED TO HEALTHPOINT HOME HEALTH, INC.? _____

BACKGROUND INFORMATION

Have you ever been convicted of a felony or misdemeanor that has not been annulled, expunged, or sealed by a court?	<input type="checkbox"/> Yes* <input type="checkbox"/> No	If yes, pls. explain:
Have you ever been bonded OR refused a bond?	<input type="checkbox"/> Yes* <input type="checkbox"/> No	If yes, by whom & when:
Has your license (driver's or professional) ever been suspended or revoked?	<input type="checkbox"/> Yes* <input type="checkbox"/> No	
Have you applied to this company before?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when & what position:
Are any of your relatives working for HealthPoint Home Health, Inc.?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list name(s):

*This does not apply if the conviction has been expunged, is contained in a sealed record, or was a juvenile conviction. A criminal conviction will not necessarily bar you from employment. We will consider the nature of the crime, the time which has expired since its occurrence and any rehabilitation you have undergone. Relevant circumstances will be considered.



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WORK EXPERIENCE (FROM MOST RECENT)

Company name		Dates of Employment	From: To:
Company Location (City and State)		Company Contact #	
Job Title and duties			
Reason for Leaving			
Company name		Dates of Employment	From: To:
Company Location (City and State)		Company Contact #	
Job Title and duties			
Reason for Leaving			
Company name		Dates of Employment	From: To:
Company Location (City and State)		Company Contact #	
Job Title and duties			
Reason for Leaving			

EDUCATIONAL BACKGROUND

High School Name	Location (City, State OR country)	Years attended	Degree Received
Trade School / College / University Name	Location (City, State OR country)	Years attended	Degree Received
Post Undergraduate College / University Name	Location (City, State OR country)	Years attended	Degree Received

ADDITIONAL INFORMATION/SKILLS/CERTIFICATIONS

Please list any specific skills you possess related to the position for which you are applying. Also, give us any additional information not elsewhere covered in this application that you would like us to consider when reviewing your application.



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PROFESSIONAL REFERENCES

Pls. list 3 managers/supervisors you have reported to directly that we may contact regarding your work history; personal references will not be accepted

Name	Company	Number of yrs known:	Contact #
Name	Company	Number of yrs known:	Contact #
Name	Company	Number of yrs known:	Contact #

APPLICANT ACKNOWLEDGEMENT

I certify that the information in this application is accurate, current and complete. I understand that misstatements or omissions may result in disqualification from further consideration or termination of employment. I authorize HealthPoint to conduct investigations in which information may be obtained through personal interviews with business associates, personal acquaintances, financial sources or other third parties regarding my employment history, credentials, character and credit background and to obtain any relevant information (including a criminal background check and consumer report) needed to make an employment decision. I authorize HealthPoint to disclose this application along with any information about me obtained through reference checks or during the course of the interview process for local, state, federal, contractual or accreditation audit purposes. I also authorize HealthPoint to disclose any of my performance appraisals, disciplinary records or skills tests for the same purposes as above. I release HealthPoint and any individual or entity providing information from all liability for any damages from the disclosure of this information.

I also understand and agree that: Passing a medical examination and/or participating in a post-conditional offer medical screening may be required. If medical restrictions cannot be reasonably accommodated, I may not be hired, or if hired, employment may be terminated.

I may be subject to pre-employment drug testing or a drug test where a reasonable suspicion exists, or where warranted by circumstances, workplace conditions or contractual requirements. I understand and agree that nothing contained in this employment application or in granting of an interview creates an employment contract between HealthPoint and me for either employment or for the providing of any benefit. No promises regarding employment have been made to me. If an employment relationship is established, I understand that my employment will be "at will," that I will have the right to terminate my employment at any time, and that HealthPoint will retain a similar right to terminate my employment at any time, with or without cause.

I understand and agree that this application is a continuous document and should any of the information which I have supplied herein change, I am obligated to notify HealthPoint of such change immediately. I understand that should I become employed by HealthPoint, my work assignments, schedules and/or work locations are subject to change according to the needs of the business and the clients of HealthPoint. I also understand and agree that during the application process and at any time during any subsequent employment, I hereby authorize HealthPoint to procure a Consumer Report which I understand may include information regarding my character, general reputation, or personal characteristics. This report may be compiled with information from courts record repositories, department of motor vehicles, past or present employers, educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that if any inquiry is made, more information as to the nature and scope of the inquiry will be supplied to me upon my written request. Copies of this document can be used in lieu of the original. I have been given a stand alone, consumer notification that a report will be requested and used for the purpose of evaluating me for employment, promotion, reassignment or retention as an employee.

Print Applicant's Name: _____

Applicant's Signature: _____

Date: _____

For Official Use Only
Received by: _____
Date received: _____
Interviewed by: _____
Date interviewed: _____