

Wilshire Health & Community Services, Inc.
An Equal Opportunity Employer

Employment Application

BestCare Home Health Agency
Agency/Office Name

Date _____

Please Print

Name _____

Last

First

Middle

Business Telephone (_____) _____ Home Telephone (_____) _____

Social Security No. _____

Present Address _____

No.

Street

City

State

Zip

Permanent Address (if different from present address):

No. Street City State Zip

Employment Desired

Position applying for: _____

Are you applying for:

Regular full-time work? _____ Yes ___ No ___

Regular part-time work? _____ Yes ___ No ___

On-call work? _____ Yes ___ No ___

What days and hours are you available for work? _____

Are you available to work on weekends? _____ Yes ___ No ___

Would you be available to work overtime, if necessary? _____ Yes ___ No ___

If hired, on what date can you start work? _____

Salary desired: _____

Personal Information

Have you ever applied to or worked for a Wilshire Foundation agency/office? Yes ___ No ___

If yes, when and which one? _____

Do you have any friends or relatives working for one of the above referenced agency/office? Yes ___ No ___

If yes, state name(s), relationship and agency or office in which they work _____

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Have you ever been excluded from participation in the Medicare/Medicaid program? _____ Yes ___ No ___

Why are you applying for work at this agency/office? _____

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

Are you at least 18 years old? _____ Yes ___ No ___
(If under 18, hire is subject to verification that you are of minimum legal age.)

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 ___

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)?
(Convictions for marijuana-related offenses that are more than two years old need not be listed) _____ Yes ___ No ___

If yes, state nature of the crime(s), when and where convicted and disposition of the case _____

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered).

Are you currently employed? _____ Yes ___ No ___

If so, may we contact your current employer? _____ Yes ___ No ___

Education, Training and Experience

School	Name and Address	No. of years Completed	Did You Graduate?	Degree or Diploma?
High School			Yes ___ No ___	
College/ University			Yes ___ No ___	
Vocational/ Business			Yes ___ No ___	
Health Care			Yes ___ No ___	

Note: Attach additional pages if necessary.

Some of our customers (clients) do not speak English. Do you speak, write or understand any foreign languages? _____ Yes ___ No ___

If yes, which language(s)? _____

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Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work at this agency/office? If so, please explain: _____

Answer the following questions if you are applying for a professional position

Are you licensed/certified for the job applied for? _____ Yes ___ No ___

Name of license/certification _____

Issuing date _____

License/certification number _____

Has your license/certification ever been 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 10 years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

NAME OF EMPLOYER	FROM:	TO:
ADDRESS	YOUR SUPERVISOR'S NAME	
CITY, STATE, ZIP	STARTING WAGE	ENDING WAGE
TELEPHONE ()	POSITION HELD	
REASON FOR LEAVING	WORK PERFORMED	
NAME OF EMPLOYER	FROM:	TO:
ADDRESS	YOUR SUPERVISOR'S NAME	
CITY, STATE, ZIP	STARTING WAGE	ENDING WAGE
TELEPHONE ()	POSITION HELD	
REASON FOR LEAVING	WORK PERFORMED	

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NAME OF EMPLOYER	FROM:	TO:
ADDRESS	YOUR SUPERVISOR'S NAME	
CITY, STATE, ZIP	STARTING WAGE	ENDING WAGE
TELEPHONE ()	POSITION HELD	
REASON FOR LEAVING	WORK PERFORMED	

NAME OF EMPLOYER	FROM:	TO:
ADDRESS	YOUR SUPERVISOR'S NAME	
CITY, STATE, ZIP	STARTING WAGE	ENDING WAGE
TELEPHONE ()	POSITION HELD	
REASON FOR LEAVING	WORK PERFORMED	

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CITY, STATE, ZIP	STARTING WAGE	ENDING WAGE
TELEPHONE ()	POSITION HELD	
REASON FOR LEAVING	WORK PERFORMED	

NAME OF EMPLOYER	FROM:	TO:
ADDRESS	YOUR SUPERVISOR'S NAME	
CITY, STATE, ZIP	STARTING WAGE	ENDING WAGE
TELEPHONE ()	POSITION HELD	
REASON FOR LEAVING	WORK PERFORMED	

Note: Please attach additional pages(s) if necessary.

Military Service

Updated: 09/11/09 (wl)

Employment Application

Have you obtained any special skills or abilities as the result of service in the military? _____ Yes ___ No ___

If yes, describe: _____

References

List below three persons not related to you who have knowledge of your work performance within the last three years.

Name _____

Address _____
No. Street City State Zip

Occupation _____

Telephone No. (____) _____ Number of years Acquainted _____

Name _____

Address _____
No. Street City State Zip

Occupation _____

Telephone No. (____) _____ Number of years Acquainted _____

Name _____

Address _____
No. Street City State Zip

Occupation _____

Telephone No. (____) _____ Number of years Acquainted _____

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Please Read Carefully, Initial each Paragraph and Sign Below

_____ I have not knowingly withheld any information that might adversely affect my chances for employment. The answers given by me are true and correct to the best of my knowledge. 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 authorize the company 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 the company any and all information related to my work records.

_____ I agree with and support the company's commitment to protect the safety, health and well-being of its employees, residents or patients, and all people who come into contact with its workplace(s) and property, and/or use its services. Therefore, if offered employment, I will voluntarily submit to a urine analysis for the presence of illicit drugs and a background inquiry conducted by a consumer reporting agency. Further, I understand that in the event of a positive drug test result and/or an unacceptable background inquiry result, the offer of employment will be withdrawn.

_____ I understand and agree that nothing contained in this application, or said during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is at-will. Employment at-will is for no definite or determinable period and may be terminated at any time, with or without cause, and with or without notice at any time by myself or by the company, and that no promises or statements contrary to the foregoing are binding on the company unless made with the written consent of the Governing Body.

_____ Date

_____ Applicant's Signature