

APPLICATION FOR **EMPLOYMENT**

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hearts of Gold Care Homes, Inc. is an equal opportunity employer and does not discriminate against otherwise qualified applicants on any basis that is protected under Federal, State, or local law. If you require a reasonable accommodation to participate in the recruitment process, including completing this application, please contact: Brenda Cruz, HGCH representative

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last First Middle

Present Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street City State Zip Code

Cell Phone No: \_(\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone:\_(\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**Employment Desired**

 Position applying for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date you can start: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

Full Time ◻ Part Time ◻ Salary Desired: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**General Information**

How did you hear about our Company and this Job Opening?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever applied to or worked for Hearts of Gold Care Homes before? Yes ◻ No ◻

If yes, When? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any friends or relatives working for Hearts of Gold Care Homes? Yes ◻ No ◻

If yes, State name(s) and relationship:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Relationship

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Relationship

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

Driving is a requirement of the job for which you are applying; do you have a valid driver’s license? Yes ◻ No ◻

Please provide a copy of you California Drivers license to photocopy when you turn in this application.

Are you able to obtain a commercial Class B drivers license? The job you are applying for **does** require it. Yes ◻ No ◻

Are you willing and able to work overtime and/or weekends as needed? Yes ◻ No ◻

Have you ever been convicted of a felony? Yes ◻ No ◻

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.)

Are you able to perform the essential functions of the job for which you are applying (either with

or without reasonable accommodations)? (This includes driving abilities see the job description attached) Yes ◻ No ◻

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

 **Education, Training, and Experience**

|  |  |  |  |
| --- | --- | --- | --- |
| EDUCATIONAL  | NAME AND LOCATION | CIRCLE HIGHEST | MAJOR AREA OF  |
| BACKGROUND | OF SCHOOL | GRADE COMPLETED | STUDY  |
| HIGH SCHOOL |   | 9 10 11 12/GED |   |
|   |   |
| COLLEGE |   | 1 2 3 4 |   |
|   |   |
| TRADE, BUSINESS OR GRADEUATE |   |   |   |
| SCHOOL  |   |   |

Specialized technical skills (e.g. computer programming/language software, equipment operation, special tools or machines).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employment History**

List Below all present and past employment (last five years is sufficient) starting with your most recent employer. Account for all periods of unemployment. You must complete this section even if attaching a resume.

|  |  |
| --- | --- |
|  |   |
| Date | Name, Address and Phone # of  | Primary Duties : | Job Title  | Name of Supervisor | Reason for  |
| Mo./Yr. | Employer | Leaving |
| From:  |   |   |   |   |   |
| To:  |   |   |   |   |   |
| From:  |   |  |   |   |   |
| To:  |   |  |   |   |   |
| From:  |   |   |   |   |   |
| To:  |   |   |   |   |   |
| From:  |   |   |   |   |   |
| To:  |   |   |   |   |   |

**References**

Please give the names of three additional work-related references that we may call. Please do not list relatives. Individuals with no prior work experience may list school or volunteer-related references.

 Name and Occupation Company Telephone Number years Acquainted

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Required -** Please read carefully; initial each Paragraph and sign below:

\_\_\_\_\_\_\_ I hereby certify that I have not knowingly withheld any information that might adversely affect

my chances for employment, 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 for immediate discharge if I’m employed, regardless of the time elapsed before discovery.

\_\_\_\_\_\_\_ I hereby authorize Hearts of Gold Care Homes, Inc. 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 letters, reports and other

information related to my work records, without giving me prior notice of such disclosure. In

addition, I hereby release the company, my former employers and all other persons, corporations,

partnerships and associates from any and all claims, demands or liabilities arising out of or in

any way related to such investigation or disclosure.

\_\_\_\_\_\_\_I understand that nothing contained in the application, or conveyed 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 for no definite or determinable period and may be terminated at any time, with or

without prior notice, at the option of either myself or Hearts of Gold Care Home, Inc, and that no

promises or representations contrary to the foregoing are binding on the company unless made in writing and

signed by me and the company’s designated representative.

\_\_\_\_\_\_\_In compliance with federal law, all persons hired will be required to verify identify and eligibility

to work in the United Stated and completed the required employment eligibility verification

document form upon hire.

\_\_\_\_\_\_\_I understand that Hearts of Gold Care Gomes, Inc. has a zero tolerance policy for drugs and alcohol and

will require drug and alcohol testing upon my hire, along with retesting upon supervisory request during

my employment. By my acceptance and continued employment with Hearts of Gold Care Homes, Inc.

I consent to any testing.

Applicant’s Printed name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date :\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Administrator completing interview: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

Administrator’s Printed Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_