

INLAND HOME HEALTH PROVIDERS

Employment Application

Last Name	First Name	MI	Social Security #	
Other names under which you have been employed or known				
Address	City	State	Zip Code	
Home Phone	Work Phone	Cellular Phone	E-Mail Address	
Position applying for or area of interest	<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Per diem			
Days available: Weekends _____ Weekdays _____	Hours available: AM _____ PM _____ NIGHT _____			
High School (Education and Training – Name/Address)	Course of Study	Last year completed or degree	Did you graduate?	
College				
Other (List healthcare, business or industrial equipment you can operate)				
License/Certificate (Type)	State Issued	Expiration Date	Number	Status
Employer name (current or most recent)	Supervisor	Phone	Reason for leaving	
Job Title (duties)	Date of employment (month/year) From _____/_____ To _____/_____		<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Per diem Pay \$ _____ per hr/month	
Employer name (current or most recent)	Supervisor	Phone	Reason for leaving	
Job Title (duties)	Dates of employment (month/year) From _____/_____ To _____/_____		<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Per diem Pay \$ _____ per hr/month	
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Employer name (current or most recent)	Supervisor	Phone	Reason for leaving
Job Title (duties)	Dates of employment (month/year) From _____/_____/_____ To _____/_____/_____		<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Per diem Pay \$ _____ per hr/month
If you are not a U.S. Citizen, are you legally authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know (If hired, you will be required to provide proof of your legal right to work)			
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____ (Please note that a felony conviction does not automatically disqualify you from employment) Have you ever been sanctioned or disciplined by any state or federal authority or excluded from participation in the Medicare or Medi-Cal programs under Sec. 1128 of the Social Security Act? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain _____			
References: (Please list the names, titles, addresses and phone numbers of three former supervisors, managers or teachers other than relatives) 1. _____ 2. _____ 3. _____			
Inland Home Health Providers, Inc. (IHHP) is committed to a policy of equal employment opportunity and considers all persons without regard to race, color, religion, age, sex, national origin, disability, marital status, veteran's status, or any other legally protected classification as defined by city, state, and federal law.			
Certification and Acknowledgment (Please read carefully and sign) <ul style="list-style-type: none"> • I certify that all of the information I have provided on this application and on any accompanying documents is true and correct. I understand that any false statements I have made herein on my failure to disclose requested information may disqualify me from consideration for employment or if employed may result in my termination. • I hereby authorize IHHP, its agents and employees to contact any reference provided by me during the application process, and I authorize all references all so contacted to release any information about me that they may have. I further authorize IHHP or its agents to perform an investigation of local, state and federal records relating to any criminal conviction I may have. I release IHHP, its agents, officers and employees and any reference contacted by IHHP from any and all liability that may result from any investigation or reference check. • I understand and acknowledge that I may be required to undergo a post-offer, pre-employment physical exam, and a post-offer, pre-placement drug screening and analysis for substance abuse. I understand that the result may to the extent permitted by law, result in the revocation of any offer of employment. • I understand and acknowledge that nothing contained in this application or in any interview which I may be granted is intended to create a contract of employment between IHHP and me. I further understand and acknowledge that if I am offered employment, I am free to terminate my employment at any time, for any reason, and the company retains the same right. 			
Signature of Applicant			Date