



EMC Home Health Providers, Inc.

7851 Walker St. Suite 108 La Palma, CA 90623 TOLL FREE: 1.877.789 - 9EMC(362)
Phone 714.521.4476 Fax 714.521.4506 email:ourhomehealth2@yahoo.com

EMPLOYMENT APPLICATION

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status.

PERSONAL INFORMATION

Date of Application: _____ Date Hired: _____

Last name _____ First name _____ Middle Initial _____

Address _____

Contact Numbers: Home Phone: _____ Cell Phone: _____

Social Security Number: _____ Date of Birth: _____

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? (You may be required to provide documentation.) Yes No

Alien Registration No: _____

EMPLOYMENT DESIRED

Position applied for : RN LVN CHHA PT OT ST MSW OTHER _____

When can you start? _____ Desired Wage \$ _____

Are you looking for full-time employment? Yes No

If no, what hours are you available? _____

Are you willing to work on call? Yes No

Have you ever been convicted of a felony? (This will not necessarily affect your application.) Yes No

If yes, please describe conditions.

Are you employed now: Yes No May we contact your present employer? Yes No

PROFESSIONAL LICENSES

Type	Organization/State Issued	Date Issued	Date Expires	Number



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EDUCATION

	Name of School and Location	Degree	Date Completed
Grammar School			
High School			
College			
Professional Education			
Other Training			

In addition to your work history, are there other skills, qualifications, or experience that we should consider?

EMPLOYMENT HISTORY

Date Employed	Company Name	Address/Phone No.	Salary	Position	Reason For Leaving

PERSONAL REFERENCES May we contact? Yes No

Name	Address	Phone Number	Relationship

PROFESSIONAL REFERENCES: May we contact? Yes No

Name	Address	Phone Number	Relationship



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Attach additional information if necessary.

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. This company is hereby authorized to make any investigations of my prior educational and employment history.

I understand that employment at this company is “at will,” which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis.

Signature _____ Date _____