



## EMPLOYMENT APPLICATION

Phone: (310) 738-2933

**INSTRUCTIONS:** If you need help filling out this application form or for any phase of the employment process, please notify the call the Full Home Health office for assistance.

☞ Please read "Applicant Note" below.

☞ Complete all pages of this application.

☞ Print clearly. Incomplete or illegible applications may not be accepted.

### APPLICANT NOTE:

This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment begins, terminating employment. Additional testing for the presence of illegal drugs in your body may be required prior to employment.

### PERSONAL INFORMATION

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Current Address: \_\_\_\_\_  
Street City State Zip Code

Home Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

Alternate Phone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Other Names Previously Used:

\_\_\_\_\_  
Last First Middle

\_\_\_\_\_  
Last First Middle

Emergency Contact(s): \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Name Phone

\_\_\_\_\_  
Name Phone

Have you ever submitted an application here before? Yes / No If yes, when? \_\_\_\_\_

Have you ever been employed here before? Yes / No If yes, when? \_\_\_\_\_

How did you hear about Full Life Home Health? \_\_\_\_\_

Why are you interested in employment with us? \_\_\_\_\_

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**AVAILABILITY**

Due to the nature of the business, no guarantee can be made as to the schedule or the amount of hours worked. All positions are considered part-time employment.

What date are you available to begin work? \_\_\_\_\_

Please complete all areas of availability:

\_\_\_\_ Mornings    \_\_\_\_ Afternoon    \_\_\_\_ Evenings    \_\_\_\_ Overnights    \_\_\_\_ 24 hour shifts  
\_\_\_\_ Weekdays    \_\_\_\_ Weekends

Hours/Week Desired: \_\_\_\_\_

Please indicate the days of the week as well as the earliest and latest times that you are available for work.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:							
To:							

**PREFERENCES** (you must be 21 and have a reliable vehicle)

Approximate distance you would be willing to drive from your home to an assignment: \_\_\_\_ Miles or \_\_\_\_ Minutes

**Reimbursed for mileage incurred when with client, not from Caregiver’s home to client’s home.**

Please indicate the types of services which you are willing to provide:

<input type="checkbox"/>	Companionship	<input type="checkbox"/>	Housekeeping (dust/vacuum)	<input type="checkbox"/>	Errands/Shopping*
<input type="checkbox"/>	Meal Preparation	<input type="checkbox"/>	Laundry/Ironing	<input type="checkbox"/>	Incidental Transportation*
<input type="checkbox"/>	Activities (games/crafts)	<input type="checkbox"/>	Medication Reminders	<input type="checkbox"/>	Dementia/Alzheimer’s Care
<input type="checkbox"/>	Dressing Assistance	<input type="checkbox"/>	Bathing/Grooming Assistance	<input type="checkbox"/>	Toileting Assistance

*\*In order to be able to provide transportation or run errands, you will be required to have a valid driver’s license and current auto insurance. A motor vehicle record check will be conducted and proof of insurance will be required.*

Are you willing to provide service to a client with a pet? Yes / No If yes, which ones: \_\_\_\_ Cats \_\_\_\_ Dogs

Are you willing to provide service to a client that smokes? Yes / No

**JOB RELATED SKILLS**

Describe any training or life skills you have that would apply to caring for a senior: \_\_\_\_\_

Describe any work history you have that would apply to caring for a senior: \_\_\_\_\_

What do you like (or think you would like) most about working with older adults? \_\_\_\_\_

What do you like (or think you would like) least about working with older adults? \_\_\_\_\_



\$ \_\_\_\_\_ per \_\_\_\_\_  
Salary (Hour, Week, Month)

Reason for Leaving

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**BACKGROUND**

As a condition of employment all employees must be “Bondable”.

List states *and* counties of residence for the past seven (7) years:

_____	_____	_____	_____
State	County	State	County
_____	_____	_____	_____
State	County	State	County

Have you had any moving traffic violations? Yes / No If yes, please describe: \_\_\_\_\_

Have you been convicted of a felony or misdemeanor? Yes / No If yes, please describe:

Incident City/State Result

1) \_\_\_\_\_

2) \_\_\_\_\_

**PERSONAL REFERENCES** (Do not include relatives or former supervisors listed above in Work History)

Please complete all six references. Your application will not be considered unless six references are provided. Since we will contact these references, please notify them in advance.

Full Name	Phone Number	Email address	Relationship	Number of Years Known
1)	H ( ) W ( )			
2)	H ( ) W ( )			
3)	H ( ) W ( )			
4)	H ( ) W ( )			
5)	H ( ) W ( )			
6)	H ( ) W ( )			

**CERTIFICATION AND RELEASE:** I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer-reporting bureaus, to verify any of this information including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I release this company from any liability which might result from making such investigations. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

*I UNDERSTAND THAT THIS APPLICATION IS NOT A CONTRACT OF EMPLOYMENT. I ALSO UNDERSTAND THAT IF HIRED, REGARDLESS OF ANY ORAL REPRESENTATIONS TO THE CONTRARY, THE EMPLOYMENT RELATIONSHIP BETWEEN MYSELF AND FULL LIFE HOME HEALTH AGENCY, LLC. IS TERMINABLE AT-WILL, SO THAT BOTH THE COMPANY AND I REMAIN FREE TO CHOOSE TO END OUR WORK RELATIONSHIP AT ANY TIME FOR ANY OR NO REASON. ANY CHANGES IN THIS EMPLOYMENT RELATIONSHIP MUST BE MADE IN WRITING.*

\_\_\_\_\_  
**APPLICANT SIGNATURE**

\_\_\_\_\_  
**DATE**

