### Pearl Home Care Solutions, Inc

### APPLICATION for EMPLOYMENT

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| PERSONAL DATA |  |  |
| **NAME LAST FIRST M** | DATE | HOME PHONE |
| **PRESENT ADDRESS (STREET, CITY, STATE, ZIP)** | CELL PHONE |
| EMAIL |
| **MALE / FEMALE** | **WANT LIVE-IN CARE - YES / NO** | **FAX NUMBER** |
| **VEHICLE (YEAR, MAKE)** | **DRIVER’S LICENSE NUMBER**  | **HOME CARE AIDE NUMBER** |

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| PLACEMENT INFORMATION |
| **DATE AVAILABLE** | IDEAL NUMBER OF HOURS PER WEEK | Are you available for overnight shifts? |
| HOURS AVAILABLE TO WORK |
| SUNDAY | MONDAY | **TUESDAY** | **WEDNESDAY** | **THURSDAY** | **FRIDAY** | **SATURDAY** |
|  |  |  |  |  |  |  |

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| EDUCATION |
| LIST SCHOOLS, COLLEGES ATTENDED AND ANY RELATED CLASSES |
| NAME OF SCHOOL | **LOCATION** | **SUBJECT** | **DEGREE** | **YEARS** |
|  |  |  |  |  |
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| --- | --- | --- |
| **REFERENCES**  |  |  |
| NAME RELATIONSHIP | TELEPHONE NUMBER | YEARS |
| NAME RELATIONSHIP | TELEPHONE NUMBER | YEARS |
| NAME RELATIONSHIP | TELEPHONE NUMBER | YEARS |

|  |  |  |
| --- | --- | --- |
|  | **EMPLOYMENT HISTORY** |  |
| **PRESENT/LAST EMPLOYER** | **TELEPHONE NUMBER****( )** | **SUPERVISOR’S NAME**MAY WE CONTACT? |
| **ADDRESS** | **POSITION TITLE** | **CURRENT OR END SALARY/WAGE** |
| **SUMMARY OF DUTIES** | **DATES EMPLOYED****\_\_\_\_/\_\_\_\_\_ TO \_\_\_\_\_/\_\_\_\_\_**MO YR MO YR | **REASON FOR LEAVING** |
| **FIRST PREVIOUS EMPLOYER** | **TELEPHONE NUMBER****( )** | **SUPERVISOR’S NAME** MAY WE CONTACT? |
| **ADDRESS** | **POSITION TITLE** | **CURRENT OR END SALARY/WAGE** |
| **SUMMARY OF DUTIES** | **DATES EMPLOYED****\_\_\_\_/\_\_\_\_\_ TO \_\_\_\_\_/\_\_\_\_\_****MO YR MO YR** | **REASON FOR LEAVING** |
| **NEXT PREVIOUS EMPLOYER** | **TELEPHONE NUMBER****( )** | **SUPERVISOR’S NAME**MAY WE CONTACT? |
| **ADDRESS** | **POSITION TITLE** | **CURRENT OR END SALARY/WAGE** |
| **SUMMARY OF DUTIES** | **DATES EMPLOYED****\_\_\_\_/\_\_\_\_\_ TO \_\_\_\_\_/\_\_\_\_\_****MO YR MO YR** | **REASON FOR LEAVING** |

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| EXPERIENCE WITH SENIORS AND SPECIAL NEEDS POPULATIONS |
| **DESCRIBE ANY PERSONAL, VOLUNTEER OR WORK RELATED EXPERIENCES THAT WILL HELP YOU IN THIS POSITION** |

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| --- | --- | --- |
| **HAVE YOU HAD A TB TEST IN THE LAST 3 YEARS?** | **YES / NO** | **TESTED POSITIVE / NEGATIVE** |
| **HAVE YOU EVER BEEN CONVICTED OF A CRIME?** | **YES / NO** | **IF YES, PLEASE EXPLAIN THE CRIME AND DATE CONVICTED?** |
| **DO YOU HAVE A CLEAN DRIVING RECORD?** | **YES / NO** | **IF NO, PLEASE EXPLAIN?** |

By signing this application, I certify this information to be true and agree to allow you to perform a criminal history background check, DMV record check, and I give you permission to check my references.

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 **SIGNATURE DATE**

**Mail to: Fax to: Email to:**

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**Irvine, CA 92618**