

Marin Community Healthcare Company

We are an Equal Opportunity Employer

We do not discriminate on the Basis of Race, Color, Sex, Age, Religion, Creed, Ancestry, National Origin, Disabilities or Handicapping Conditions, Marital Status Or Sexual Orientation

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Date_____

NAME _____
(Last) (First) (Middle) Social Security Number

ADDRESS _____
(Street) (City) (State) (Zip)

PHONE (H) _____ (CELL) _____ Are you over 18 years of age? _____

Have you ever worked for MCHC before? _____ If yes, please list dates: From _____ to _____ Location _____
Type of Position Desired _____ Wage? Salary Expected _____
What hours can you work? _____

EDUCATION

Circle highest grade completed: High School College
9 10 11 12 1 2 3 4 5 6

College/School _____ Name of School _____ Degree/Certificate _____

Trade(Vocational/Military) _____ Name of School _____ Degree/Certificate _____

Other Special Training(e.g., CPR, First Aid)? _____

GENERAL INFORMATION

Are you registered or certified by any professional organizations, or do you hold a professional license in the state of California? YES _____ NO _____

If yes, circle the areas in which you are certified: CNA CHHA LVN MED.ASST OTHER _____

Registration or License Number: _____ Expiration Date: _____ State: _____

Language Ability-List those languages you are fluent in, do not list English, unless English is your second language.

Language: _____ Speak Read Write Language _____ Speak Read

Do you drive? Yes _____ No _____ Do you have your own transportation? Yes _____ No _____

Are you insured? Yes _____ No _____ If offered employment can you provide a DMV print out of your driving record and proof of auto insurance? Yes _____ No _____

Do you smoke? Yes _____ No _____

Source of Referral: Newspaper _____ School _____ Friend/Employee _____ Who? _____
Other _____

WORK EXPERIENCE

Have you worked in Home Care before? Yes _____ No _____ If yes, How Long? _____

What were your positions? _____

Type of Clients you have cared for: Elderly _____ Cancer _____ Quadriplegic _____ Alzheimer _____ Hospice _____
Dementia _____ Other _____

Check the caregiver duties you have performed: Transfers _____ Bathing _____ Feeding _____
Changing _____ Cooking _____ Errands _____ Hoyer Lift _____

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1. Do you consent to the release of background investigation results? Yes___No___ (Initial)
2. Have you ever been arrested for controlled substance, narcotic, or drug offenses as specified in the Health and Safety Code, Section 11590? Yes___No___ (Initial)
3. Have you ever been arrested for a sexual offense as specified under Section 290 of the California Penal Code? Yes___No___ (initial)
4. Have you ever been arrested for any matters for which you are out on bail or on your own recognizance pending trial? Yes___No___ (initial)
5. Have you ever been convicted of a misdemeanor or felony? Yes___No___(initial)
6. Do you consent to Drug/Alcohol Screening? Yes___No___ (initial)
7. If driving is required, as a condition of your employment, you will be required to provide a valid driver's license and a copy of your DMV report. Do you agree to this information? Yes___No___ (initial)
8. Do you authorize to release copies of your employment application and subsequent employee file to MCHC and/or its representatives? Yes___No___ (initial)
9. If offered employment, can you submit proof of your legal right to work in the United States? Yes___No___ (initial)
10. Do you understand that if you are hired as a Care Partner with MCHC, you will be called to work on a per diem (as-needed) basis and in accordance with California's Wage Order 15, will be exempt from overtime provisions? Yes___No___ (initial)

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 You understand that the Company may contact your previous employer(s) and you have authorized those employees to disclose to MCHC all records and information pertinent to your employment with us. In addition to authorizing the release of any information regarding your employment, you fully waive any rights or claims you have or may have against your former employer(s), their agents, employees, and representatives, as well as other individuals who release information to the Company, as you release them from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to you.

Job description and compensation will be determined at the time of hire and specified in writing. No company officer or employee is authorized to make verbal promises and you may not rely on any verbal promise at any time.

Your employment is at-will and either you or the client may terminate your employment for any reason, with or without cause, at any time.

Should your employment terminate for any reason other than misconduct, you have the right to file for unemployment insurance (UI) benefits.

You represent that all answers given on your employment application are correct. You further understand that information concerning your past record may be sought from your previous employers and other sources. You understand that any falsification or omission of information on the application shall constitute sufficient cause for discharge. In making this application for employment, it is understood that a background investigation may be obtained (unless you refuse consent above) and you hereby release MCHC from any liability for obtaining such report and/or conducting such an investigation.

_____ Date _____
 Applicant's Signature

PRINT NAME _____ DO NOT WRITE BELOW THIS LINE-OFFICE USE ONLY

Date application received by: _____
 Disposition of Application: Hired _____ Hold for future reference _____
 Correspondence sent: _____ Date: _____
 _____ Date: _____
 File completed: _____
 Manager's Initials: _____

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EMPLOYMENT/VOLUNTEER EXPERIENCE

List the last five (5) jobs you held during the last five (5) years (current or most recent employer first). Start with the most recent employer (including military service). If currently employed, may present employer be contacted? Yes ___ No ___

TELEPHONE: _____

Name of Employer _____ Started: _____ Left: _____ Salary: _____

Address _____

Supervisor _____ Reason for Leaving: _____

Description of Duties: _____

TELEPHONE: _____

Name of Employer _____ Started: _____ Left: _____ Salary: _____

Address _____

Supervisor _____ Reason for Leaving: _____

Description of Duties: _____

TELEPHONE: _____

Name of Employer _____ Started: _____ Left: _____ Salary: _____

Address _____

Supervisor _____ Reason for Leaving: _____

Description of Duties: _____

TELEPHONE: _____

Name of Employer _____ Started: _____ Left: _____ Salary: _____

Address _____

Supervisor _____ Reason for Leaving: _____

Description of Duties: _____

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TELEPHONE: _____
Name of Employer _____ Started: _____ Left: _____ Salary: _____

Address: _____

Supervisor _____

Description of Duties: _____

PERSONAL REFERENCES

(Do not list relatives)

	NAME	ADDRESS	CITY	STATE/ZIP	PHONE
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

IN CASE OF EMERGENCY

Notify (Local Person) _____ Home Phone _____ Business Phone _____

Some positions have various requirements, which may include background investigations, consumer reports, investigative consumer reports, and/or drug and alcohol screening. In order that we place you in a position that meets your needs and qualifications, please answer the following questions. Please note that answers to the following question will not necessarily disqualify you from employment. Factors such as age and time of the offense, seriousness and nature of the violation and rehabilitation will be taken into account. (Do not include minor traffic infractions and convictions for which the record has been sealed or expunged, any conviction for which probation has been successfully completed or otherwise discharged and the case has been judicially dismissed, referrals to the participation in any pretrial or post trial diversion programs, and marijuana related offenses that occurred over two years ago in answering this question.

1. *As a condition of employment, it may be necessary to undergo a criminal background investigation to the extent of which depends on the nature of the position. Do you consent to this investigation and report?*

Yes _____ No _____ (initial)