

Referred By _____

Applicant Information

Applicants please note that the completion of this document or others requested in support of your interest in Amada Home Care is not intended nor will it constitute an employment contract. Amada is an equal employment opportunity employer and weighs applications on a case by case basis pursuant to information disclosed herein, within the context of personal interviews and in compliance with the law.

Personal Information

Full Legal Name _____ SSN _____

List any other names or SSN used in the past _____ SSN _____

Present Address _____ City/ST _____ Zip _____

Permanent Address _____ City/ST _____ Zip _____

Email _____ Tel _____ Cell _____

Emergency Contact _____ Tel _____ Relation _____

How Long have you been a: CNA _____ LVN _____ CHHA _____ RN _____ Caregiver _____

Examples of conditions of clients with which you have worked: _____

Client/Patient References:

Name _____ Business _____ Tel _____

Name _____ Business _____ Tel _____

Name _____ Business _____ Tel _____

Availability	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total
From/to								

Type of work desired (check all that applies):

- Senior care
- Hospice
- Homemaking
- Hourly
- Short Hours
- Long Hours
- Live-In
- Full time
- Part Time
- Reliever
- Weekdays
- Weekends

To be hired you must provide the following:

- TB Test Results
- LiveScan Results
- CPR/First Aid
- Employment Verification Documents
- Photo ID

Additionally, employees who drive will need to provide:

- 3 Year DMV history
- Driver's License
- Car Insurance

I certify that the information contained in this document is true and complete to the best of my knowledge.

Signature _____ Date _____

Salary Expectation: _____ How did you become aware of this position? _____

Can you accept a position immediately? YES NO If no, date you can start? _____

Do you have a reliable method of transportation? YES NO

Driving Information (Complete the following section if the position you are applying for may involve driving)

Do you have a current valid driver's license? YES NO Driver's License state/# _____

Has your driver's license been suspended/revoked? YES NO If yes, explain: _____

Do you have personal automobile insurance? YES NO Insurance Company: _____

Have you ever been cited for DUI/DWI in the last five years? YES NO If yes, Explain circumstances and outcome: _____

Please list all moving traffic violations in the last five (5) years (offense, date, location) _____

Education

Name of High School	Years Completed 9 10 11 12	Diploma/Degree	Course of Study/Major
Name of College/University	Years Completed 1 2 3 4	Diploma/Degree	Course of Study/Major
Name of Graduate School	Years Completed 1 2 3 4	Diploma/Degree	Course of Study/Major
Name of Trade School	Years Completed 1 2 3 4	Diploma/Degree	Course of Study/Major

Have you ever pled guilty or "no contest: to, or been convicted of, a misdemeanor or felony? YES NO If yes, please give the dates and details: _____

Have you been arrested for any matters for which you are out on bail or on your own recognizance pending trial YES NO If yes, please give details; _____

Note: Answering "yes" to these questions does not constitute an automatic bar to 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 and participation in any pretrial or post trial diversion programs, and marijuana-related offenses that occurred over two years ago in answering these questions.

Employment History

Do not substitute resume. Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.

We may contact the employers listed below unless you indicate those you **DO NOT** want us to contact.

Do Not Contact: Employer Number(s) Reason

1	Company Name		Supervisor's Name and Title		Telephone Number	
	Address			City	State	Zip Code
	Job Title and Description of Work					
	Dates of Employment to		Pay per <input type="checkbox"/> Hour <input type="checkbox"/> Month <input type="checkbox"/> Year Start Last		Reason for Leaving	
2	Company Name		Supervisor's Name and Title		Telephone Number	
	Address			City	State	Zip Code
	Job Title and Description of Work					
	Dates of Employment to		Pay per <input type="checkbox"/> Hour <input type="checkbox"/> Month <input type="checkbox"/> Year Start Last		Reason for Leaving	
3	Company Name		Supervisor's Name and Title		Telephone Number	
	Address			City	State	Zip Code
	Job Title and Description of Work					
	Dates of Employment to		Pay per <input type="checkbox"/> Hour <input type="checkbox"/> Month <input type="checkbox"/> Year Start Last		Reason for Leaving	
4	Company Name		Supervisor's Name and Title		Telephone Number	
	Address			City	State	Zip Code
	Job Title and Description of Work					
	Dates of Employment to		Pay per <input type="checkbox"/> Hour <input type="checkbox"/> Month <input type="checkbox"/> Year Start Last		Reason for Leaving	
5	Company Name		Supervisor's Name and Title		Telephone Number	
	Address			City	State	Zip Code
	Job Title and Description of Work					
	Dates of Employment to		Pay per <input type="checkbox"/> Hour <input type="checkbox"/> Month <input type="checkbox"/> Year Start Last		Reason for Leaving	

APPLICANT'S AGREEMENT & UNDERSTANDING

Job Testing & Investigations: In the event of my employment to a position at the Company, I will comply with all rules and regulations of the Company. I understand that the Company reserves the right to require me to submit to a test for the presence of drugs in my system prior to employment and at any time during my employment to the extent permitted by law. I also understand that any offer of employment may be contingent upon the passing of a physical examination and a test for the presence of unlawful substances (including lawful substances used in an unlawful manner) in my system, performed by a doctor selected by the Company. I consent to the disclosure of the results of physical examinations and related tests to the Company. I also understand that I may be required to take other tests, such as personality or proficiency testing, prior to employment and during my employment. I understand that should I decline to sign this consent or decline to take any of the above tests, my application for employment may be rejected or my employment may be terminated. I understand that the Company may investigate my driving record and my criminal record and that an investigative consumer report may be prepared whereby information is obtained through personal interviews with my neighbors, friends, personal references, and others with whom I am acquainted. This inquiry includes information as to my character, general reputation, personal characteristics, and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation. I further understand that the Company may contact my previous employers and I authorize these employers to disclose to the Company all records and information pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, I hereby fully waive any rights or claims I have or may have against my former employers, their agents, employees, and representatives, as well as other individuals who release information to the Company, and 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 me. I authorize the persons named as personal references on this application to provide the Company with any pertinent information they may have regarding myself. I understand that bonding may be a condition of hire; if it is, I will be so advised either before or after hiring and a bond application will have to be completed.

Credit Reports: The Company also reserves the right to obtain a consumer credit report to evaluate my application for employment. If a credit report is sought, it will be obtained from _____. If you would like a copy of any such credit report obtained from this source, please check this box:

Truth of All Information Given By Applicant: I hereby state that all the information that I provided on this application or any other documents filled out in connection with my employment, and in any interview is true and correct. I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that if I am employed and any such information is later found to be false in any respect, I will be dismissed. I understand if selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States and that Federal Immigration laws require me to complete an I-9 Form in this regard.

At-Will Provision: I understand and agree that if offered employment by this Company or any affiliated company ("Employer"), my employment and compensation is for no definite period and may be terminated by either the Employer or me at any time and for any reason whatsoever, with or without good cause or notice. **I further understand and agree that no implied, oral or written agreements contrary to the express language of this Agreement are valid unless signed in writing by the President of the Employer.** No other supervisor or representative of the Employer has the authority to make any agreement or promise contrary to the above understandings. I understand and agree that if offered employment with the Employer, this "at-will" agreement governing my indefinite term of employment and rate of compensation shall take the place of any and all prior and contemporaneous agreements, representations, promises and understandings between myself and the Employer.

Arbitration Provision: I further agree and acknowledge that the Company and I will utilize binding arbitration to resolve all disputes that may arise out of the employment context. Both the Company and I agree that any claim, dispute, and/or controversy that either I may have against the Company (or its owners, directors, officers, managers, employees, agents, and parties affiliated with its employee benefit and health plans) or the Company may have against me, arising from, related to, or having any relationship or connection whatsoever with my seeking employment with, employment by, or other association with the Company shall be submitted to and determined exclusively by binding arbitration under the Federal Arbitration Act, in conformity with the procedures of the California Arbitration Act (Cal. Code Civ. Proc. Sec 1280 et seq., including section 1283.05 and all of the Act's other mandatory and permissive rights to discovery). Included within the scope of this Agreement are all disputes, whether based on tort, contract, statute (including but not limited to, any claims of discrimination and harassment, whether they be based on the California Fair Employment and Housing Act, Title VII of the Civil Rights Act of 1964, as amended, or any other state or federal law or regulation) equitable law, or otherwise, with exception of claims arising under the National Labor Relations Act which are brought before the National Labor Relations Board, claims for medical and disability benefits under the California Workers' Compensation Act, Employment Development Department claims, or as otherwise required by state or federal law. However, nothing herein shall prevent me from filing and pursuing proceedings before the California Department of Fair Employment and Housing, or the United States Equal Employment Opportunity Commission (although if I choose to pursue a claim following the exhaustion of such administrative remedies, that claim would be subject to the provisions of this Agreement). In addition to any other requirements imposed by law, the arbitrator selected shall be a retired California Superior Court Judge, or otherwise qualified individual to whom the parties mutually agree, and shall be subject to disqualification on the same grounds as would apply to a judge of such court. All rules of pleading (including the right of demurrer), all rules of evidence, all rights to resolution of the dispute by means of motions for summary judgment, judgment on the pleadings, and judgment under Code of Civil Procedure Section 631.8 shall apply and be observed. Resolution of the dispute shall be based solely upon the law governing the claims and defenses pleaded, and the arbitrator may not invoke any basis (including but not limited to, notions of "just cause") other than such controlling law. The arbitrator shall have the immunity of a judicial officer from civil liability when acting in the capacity of an arbitrator, which immunity supplements any other existing immunity. Likewise, all communications during or in connection with the arbitration proceedings are privileged in accordance with Cal. Civil Code Section 47(b). As reasonably required to allow full use and benefit of this agreement's modifications to the Act's procedures, the arbitrator shall extend the times set by the act for the giving of notices and setting of hearings. Awards shall include the arbitrator's written reasoned opinion. **I understand and agree to this binding arbitration provision, and both the Company and I give up our right to trial by jury of any claim the Company or I may have against each other.**

DO NOT SIGN UNTIL YOU HAVE READ & UNDERSTOOD THE ABOVE STATEMENTS AND AGREEMENT.

I hereby acknowledge that I have read the above statements and understand the same.

SIGNATURE OF APPLICANT

DATE