

# EMPLOYEE APPLICATION

## PERSONAL INFORMATION (Please print)

_____	_____	_____	_____
Last Name	First Name	MI	
_____	_____	_____	_____
Street Address	City	State	Zip
_____	_____		
Phone	Email		

Are you eligible to work in the United States?  Yes  No      Are you 18-years of age or older?  Yes  No  
 Do you have a current and valid CA state driver's license?      Or the ability to acquire?  Yes  No

\_\_\_\_\_

What position are you applying for? \_\_\_\_\_ How did you hear about this position? \_\_\_\_\_

Type of employment desired:  Full time     Part time     Per diem

How many hours per week can you work \_\_\_\_\_ Date available? \_\_\_\_\_

Days / hours you are available to work:  Mon     Tue     Wed     Thu     Fri  
 Weekends     No Preference    Desired hourly rate or annual salary \$ \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION (In case of accident or illness)

_____	_____	_____
Name	Relationship	Daytime Phone

## EDUCATION

	NAME	LOCATION	DEGREE	MAJOR
High School				
College / University				
Graduate School				
Trade School				
Other				

## SKILLS AND QUALIFICATIONS (Special skills, abilities, or honors that should be considered)

Types of computers, software, and other equipment you are qualified to operate or repair?

Professional licenses, certifications, or registrations?

Additional skills, including supervision skills, other languages or information regarding any career or occupation information you wish to bring to the employer's attention

**PRIOR WORK EXPERIENCE** (Please provide at least three years of previous employment history OR attach a current resume)

	CURRENT / MOST RECENT		PRIOR		PRIOR	
Employer						
Address						
City, State, Zip						
Phone						
Immediate Supervisor						
Date of Employment	From	To	From	To	From	To
Position / Job Title						
Reason for Leaving						
May we contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
List the duties performed, skills used or learned, advancements or promotions received						

**Disclaimer** - By signing, I hereby certify that the above information, to the best of my knowledge, is correct. I understand that falsification of this information may prevent me from being hired or lead to my dismissal if hired. I also provide consent for former employers to be contacted regarding work records.

Signature	Date
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The Fallbrook Healthcare Foundation, dba Center for Senior Wellbeing, provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, sex, national origin, age, disability or genetics. In addition to federal law requirements, the Center for Senior Wellbeing complies with applicable state and local laws governing nondiscrimination in employment in every location in which the company has facilities. This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation and training.

*Internal Use Only*

Received	Status
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