

# Alars Home Health, LLC

4234 N Freeway Blvd. Suite 200, Sacramento, CA 95834-1221  
Tel: (916) 648-1120, Fax: (916) 993-4815

## Employment Application

This agency is an equal opportunity employer. Applicants will be considered for employment without regard to race, religion, color, sex, marital status, sexual orientation, age, national origin, ancestry, mental or physical disability, medical condition, veteran status, citizenship, or any other characteristic protected by state or federal law or local ordinance.

### PERSONAL INFORMATION

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

Home Address \_\_\_\_\_ Apartment # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address (if different from above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ Cellular ( \_\_\_\_\_ ) \_\_\_\_\_ Business ( \_\_\_\_\_ ) \_\_\_\_\_

List Other Name(s) Used \_\_\_\_\_

Are you at least 18 years old?  Yes  No

If hired, can you present evidence of your legal right to work in this country?  Yes  No

### EMPLOYMENT INFORMATION

Position Desired \_\_\_\_\_

Salary Desired \_\_\_\_\_ Date You Can Start \_\_\_\_\_

What days and hours are you available to work?

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From							
To							

## EDUCATION, TRAINING AND SKILLS

Type of School	Name of School	Location	# Years Attended	Degree Obtained
High School				
College				
Graduate				
Vocational				
Other				

## SKILLS, TRAINING AND QUALIFICATIONS *(please check all that applies)*

- OASIS       IV Infusion     TPN       PICC Line Care       Wound Care  
 Wound Vacuum     Foley/Catheter Care       Colostomy Care       Tracheostomy Care  
 Blood Draw       Injections (IM, ID, SC)     Case Management       Staples/suture removal  
 Infection Control     O2 Therapy & CPAP       Glucometer Use       PT/INR Machine  
 Patient Confidentiality, HIPAA       Electronic documentation  
 Others \_\_\_\_\_

## EMPLOYMENT HISTORY *(start with the most recent)*

Company Name	Position
Address and Telephone Number	Employment Dates
Name of Supervisor	Salary
Job Duties	Reason for Leaving

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**REFERENCES**

List below two persons not related to you, from either a business or academic settings who have knowledge of your performance abilities within the last three years.

1. Reference Name \_\_\_\_\_ Relationship \_\_\_\_\_ Years Known \_\_\_\_\_  
 Company/ Institution \_\_\_\_\_ Telephone ( \_\_\_\_ ) \_\_\_\_\_

2. Reference Name \_\_\_\_\_ Relationship \_\_\_\_\_ Years Known \_\_\_\_\_  
 Company/ Institution \_\_\_\_\_ Telephone ( \_\_\_\_ ) \_\_\_\_\_

3. Reference Name \_\_\_\_\_ Relationship \_\_\_\_\_ Years Known \_\_\_\_\_  
 Company/ Institution \_\_\_\_\_ Telephone ( \_\_\_\_ ) \_\_\_\_\_

**LICENSING INFORMATION**

License/ Certificate Name \_\_\_\_\_ Expiration Date \_\_\_\_\_ State Issued \_\_\_\_\_

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**THE FOLLOWING SECTION IS FOR EMPLOYMENT WITHIN THE HEALTH CARE INDUSTRY IN CALIFORNIA**

Please answer the following only if:

1. The position for which you are applying will provide you access to patients.

Have you ever been arrested for a sex related crime?  Yes  No If yes, please explain.

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2. The position for which you are applying will provide you with access to drugs or medications.

Have you ever been arrested for a drug related crime?  Yes  No If yes, please explain

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**NOTICE TO APPLICANTS**

In completing this application for employment, I understand and agree that:

1. Acceptance of this application does not mean that I will be offered a position with THE AGENCY.
2. I hereby certify that the information contained in this application is true and accurate. I acknowledge that my providing of false or misleading information in this application or in any employment interview will result in my failure to receive an offer or, if I am hired, my immediate dismissal from employment.
3. I hereby authorize THE AGENCY to conduct reference check, investigation into my background, finances, prior employment, criminal history, or any other aspect of my background deemed important to company. I hereby release THE AGENCY and all persons contacted by THE AGENCY from any and all liabilities for any damages that may result from obtaining or furnishing such information to THE AGENCY or any of its agents, employees, or representatives.
4. I understand that I will have to provide certain identifying information to company, including my date of birth and social security number; and will have to provide documentary evidence to establish my identity, age and my right to work in the United States.

**AGREEMENT FOR AT-WILL EMPLOYMENT**

If I am hired by the AGENCY, I understand that my employment will be **“at-will”** meaning that I can leave my employment at any time and for any reason, and that my employment may be terminated at any time and for any reason. I maybe asked to sign an employment agreement as a condition of my employment. I will be required to read an Employee Handbook and safety program, acknowledging receipt of both, and agreed to comply with all policies and procedures of the company.

Signature \_\_\_\_\_ Date \_\_\_\_\_