



You May Attach Your
Picture in JPEG or
BITMAP format

Instruction

You may print this form, fill it up and fax it to 916-979-4977 or you can fill this form electronically using Adobe Acrobat and email it to ceavaricio@personalizedhomecare.com.

PERSONAL INFORMATION

Name: _____ S.S.# _____
 Address: _____ Phone Number: _____
 City: _____ State: _____ ZIP: _____
 In case of emergency notify:
 Name: _____ Relation: _____ Phone: _____
 Are you able to work legally in the USA? Yes No
 Type of visa: _____ Immigration no. / Alien Reg. No. : _____

EMPLOYMENT DESIRED

Position Applying for: _____ Date you can start: _____
 Professional license no.: _____ Exp. Date : _____
 Has your license ever been suspended or revoked? Yes No
 If yes, please explain : _____
 What hours are you available to work? _____
 Have you ever filed a workman's compensation claim? Yes No
 If yes, please explain : _____
 Do you have any responsibilities that would limit your work availability? Yes No
 If yes, please explain : _____
 Do you own a reliable automobile? Yes No Year and Model of Automobile: _____
 Do you have a basic car insurance in force? Yes No
 Insurance Co.: _____ Policy #: _____ Exp. Date: _____
 California Driver's License Number: _____ Exp. Date: _____
 Have you ever been convicted of a crime? Yes No
 If yes, what, when and where? _____

HEALTH HISTORY

General condition of health: Excellent Good Fair Poor
 Date of last physical examination: _____ Date of last chest x-ray _____
 Name of Physician: _____ Phone: _____
 Do you have a history of back trouble or injury? Yes No
 If yes, please explain : _____
 Do you have a history of allergies or any other recurring illness? Yes No
 If yes, please explain : _____
 Explain any physical limitation which we should consider before job placement: _____

REFERENCES

List three personal references that you have known for at least one (1) year and who have knowledge of your character and professional abilities. DO NOT LIST RELATIVES.

Name: _____ PH#: _____ Business: _____ Yrs. Known: _____
 Name: _____ PH#: _____ Business: _____ Yrs. Known: _____
 Name: _____ PH#: _____ Business: _____ Yrs. Known: _____

EDUCATION

Circle highest grade completed 9 10 11 12 13 14 15 16

	Name of School	Location (City, State)	Courses Taken	Date Completed	Diplomas, Degree or Certificate Received
High School					
College					
Vocational or Business School					

EMPLOYMENT RECORD

Present and Former Employers	Date employed	Salary Range	Positions and Duties	Reasons for leaving
Name _____ Address _____ _____ Supervisor's Name _____ PH _____	From _____ To _____	Starting _____ Ending _____		
Name _____ Address _____ _____ Supervisor's Name _____ PH _____	From _____ To _____	Starting _____ Ending _____		
Name _____ Address _____ _____ Supervisor's Name _____ PH _____	From _____ To _____	Starting _____ Ending _____		
Name _____ Address _____ _____ Supervisor's Name _____ PH _____	From _____ To _____	Starting _____ Ending _____		

I understand that my employment may be terminated for any misstatement or omission of fact appearing on this application form.

I understand that emergency conditions may require me to temporarily work shifts other than the one for which I am applying and agree to such scheduling changes as directed by my department supervisor or administrator of this company.

Signature: _____ Date _____

OFFICIAL USE ONLY - DO NOT WRITE BELOW THIS LINE

Interviewed by: _____ Title: _____ Date: _____
 Date to start work: _____ Rate of pay: _____ Position Title: _____
 Remarks: _____