

# GOLDEN ACRES adult day health care center

12041 Strathern St, North Hollywood, CA 91605. Ph: (818) 767-1361, Fax: (818) 767-1370, email: goldenacres.adhc@gmail.com

## APPLICATION FOR EMPLOYMENT

PERSONAL					
Name: (Last First Middle)			DOB:		
Address:			CDL:		
Ph:		Email:		SSN:	
Date of Last Physical Examination:		Date of Last TB Test:		Date of Hepatitis B Vaccination:	
How did you hear of us?		Spoken Language(s):			
EMERGENCY INFORMATION					
Name of person to notify:			Relation:		
Address:			Ph:		
DESIRED POSITION					
Title:		Wage:		Start Date of Employment:	
EMPLOYMENT HISTORY <small>(List most recent experience first. If additional space is needed, please attach a separate page.)</small>					
Name & Address of Employer	Telephone	Title	Reason for Leaving	Dates	
				From	To
EDUCATION					
	Name & Address	Course/Study Major	Years Completed	Degree	Date
High School					
College					
Other					
Do you have any Professional License(s) or Certificate(s)? Yes (List below) No					
Type	Date Received	Issuing Agency			
SKILL(S):					
CIVIL RECORD <small>(If any of the answer below is Yes, explain in a separate sheet)</small>					
Were you ever convicted of an offense other than minor traffic violations?				Yes	No
Has there been judgment against you for fraud, misrepresentation, libel, or slander?				Yes	No

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PROFESSIONAL REFERENCES			
Name	Phone	Address	Relationship

Can you perform the essential duties for the position you are applying for? Yes \_\_\_ No \_\_\_  
If no, what reasonable accommodations can we provide? \_\_\_\_\_

\_\_\_\_\_

I declare under penalty of perjury that the statements on this form and any accompanying attachments are true and correct to the best of my knowledge. I authorize Golden Acres Adult Day Health Care center to verify my education, experience and references, a necessary step to determine my qualifications for position(s) at Golden Acres Adult Day Health Care Center.

\_\_\_\_\_

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