



P.O. Box 2155
Fallbrook, CA 92088

Phone 760.723.7570
Fax 760.723.0358

Job Application

PERSONAL INFORMATION *(please print)*

<u>Last</u>	<u>First</u>	<u>M.I.</u>	<u>Email</u>
<u>Street Address</u>		<u>City</u>	<u>ST</u> <u>Zip</u>
<u>Primary Phone</u>		<u>Secondary Phone</u>	
Are you entitled to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a current, valid CA state driver's license? Or ability to acquire? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<u>What position are you applying for?</u>		<u>How did you hear about this position?</u>	
<u>Days/hours available to work:</u> <input type="checkbox"/> No Preference <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Weekends		<u>How many hours can you work weekly?</u> _____ <u>Employment desired</u> <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Per Diem	
<u>Expected Hourly Rate</u> or <u>Expected Annual Salary</u>		<u>Date Available:</u>	

CONTACT: *In case of accident or illness, please contact:*

<u>Name:</u>	<u>Daytime phone:</u>	<u>Relationship:</u>
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EDUCATION

	Name	Location	Degree	Major
<u>High School</u>				
<u>College/University</u>				
<u>Graduate History</u>				
<u>Trade School</u>				
<u>Other</u>				

Have you been convicted of a felony or been incarcerated in connection with a felony in the past seven years?
☐ Yes ☐ No - *If yes, please explain:*

SKILLS & QUALIFICATIONS

Other qualifications such as 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 the career/occupation you wish to bring to the employer's attention:

PRIOR WORK EXPERIENCE – Please provide at least three years employment history. A resume may be attached in lieu of completing this section.

	Current or Most Recent	Prior	Prior
Employer			
Address			
City, ST, ZIP			
Telephone			
Name of Immediate Supervisor			
Dates of Employment	<u>From</u> <u>To</u>	<u>From</u> <u>To</u>	<u>From</u> <u>To</u>
Position/Job Title			
Pay(per hour or annual)			
Reason for Leaving (<i>be specific</i>)			
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 jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

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, the Foundation for Senior Care 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 Foundation for Senior Care 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. - See more at: http://www.shrm.org/templatestools/samples/policies/pages/cms_005022.aspx#sthash.fGyBYHFT.dpuf

Internal use only

Received:	Status:	
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