

VIP Home Care Services, LLC

Employment Application

100 N. Brand Blvd., Suite 215

Glendale, CA 91203

Tel: (818) 539-2285 Fax: (818) 539-2295

An Equal Opportunity Employer

We appreciate your interest in our organization. A clear understanding of your background and work history will aid us in placing you in the position that best meets our needs consistent with your qualifications. In compliance with State and Federal Equal Opportunity Laws, qualified applicants are considered for available positions without regard to race, color, religion, sex, national origin, age, marital status, or the presence of a non-job related medical condition or handicap.

DATE: _____ SOCIAL SECURITY NUMBER: _____

NAME: Last _____ First _____ M.I. _____

OTHER NAMES USED IN EMPLOYMENT: Last _____ First _____ M.I. _____

ADDRESS: _____
Number Street Apt. #

_____ City State Zip

_____ Date of Birth _____ Height _____ Weight

CONTACT INFORMATION: _____ Telephone _____ Alternate Telephone _____ Mobile Phone _____ E-mail address

How many years of experience in home/health care services? _____ Do you know how to take Vitals? _____ Yes/No Count # of pulse rate for _____ seconds, times _____ = Heartrate. What's the normal HR? _____ Respiration is # of breaths for _____ seconds, times _____ = Respiration Whats the normal Rate? _____ Do you own a Stethoscope and Blood Pressure Apparatus? _____ CPR? _____ First Aid? _____ Are you able to assist in lifting up patients? _____

How did you learn about VIP Home Care Services? Friend _____ (give name) _____ Newspaper? _____ Asian Journal? _____ Balita ? _____ Internet? _____

SHIFTS YOU ARE WILLING TO WORK:

_____ 12-hour _____ 10-hour _____ 8-hour _____ Day _____ Evening _____ Live-in _____ Weekends Only _____ Any

DO YOU KNOW ANY OTHER LANGUAGE THAN ENGLISH? _____ Yes _____ No If YES, indicate language(s):

A. _____ B. _____ C. _____

__Read __ Speak __ Write _____ __Read __ Speak __ Write _____ __Read __ Speak __ Write

NAME AND LOCATION OF COLLEGES OR SCHOOLS ATTENDED	DATES ATTENDED	MAJOR OR COURSES SELECTED	CERTIFICATES (IF APPLICABLE)

REQUIRED OR RELATED COURSES: (Attach an additional sheet if necessary to list all courses completed)					
SCHOOL	COURSE	UNITS	SCHOOL	COURSE	UNITS

**WORK HISTORY:
PRESENT OR LAST EMPLOYER:**

Company	Address	City	State	ZIP	Telephone Number
---------	---------	------	-------	-----	------------------

Your Title	Dates From:	To:
------------	-------------	-----

Supervisor's Name and Title	May we contact for a recommendation?	Telephone Number
	___Yes ___No	

A brief description of your responsibilities:

Other positions held:

Reason for leaving:	Beginning Salary	Ending Salary
---------------------	------------------	---------------

Company	Address	City	State	ZIP	Telephone Number
---------	---------	------	-------	-----	------------------

Your Title	Dates From:	To:
------------	-------------	-----

Supervisor's Name and Title	May we contact for a recommendation?	Telephone Number
	___Yes ___No	

A brief description of your responsibilities:

Other positions held:

Reason for leaving:	Beginning Salary	Ending Salary
---------------------	------------------	---------------

If hired, can you provide proof that you are eligible to work in the United States? **(The Immigration Reform and Control Act of 1986 requires all new employees to prove their eligibility to work in the United States.)** ___Yes ___No

If applying for a position involving driving – such as taking patient on errands, i.e. grocery shopping, or doctor appointment, please complete the following. (For these positions, a valid driver’s license and a good driving record is necessary.)

I have a valid driver’s license: ___Yes ___No or Identification Card # _____
Drivers License # _____ State Which Issued License _____ Expiration Date ___ / ___ / _____

APPLICANT

Please read carefully before signing. Note: An application will not be considered valid for the position applied for unless the applicant signs it. Applicants for employment at VIP Home Care Services are required to submit to a drug test after receiving a conditional offer of employment. VIP Home Care Services may use a refusal to submit to a drug test, or a positive test, as a basis for not hiring.

I certify that the information in this application is true and correct and agree any untruthful or misleading answers are cause for rejection of this application, or dismissal if I am employed.

In the event that I am employed I understand that customers' names and transactions are to be held in strict confidence, and I agree that I will comply with the Code of Employee Conduct and all other policies.

I understand that, if hired, I have a continuing duty to keep my employer informed and updated on any changes in the information provided herein.

APPLICANT’S SIGNATURE

DATE