

COMMUNITY CARE
A California Equal Opportunity Employer
APPLICATION FOR EMPLOYMENT

Date: _____

Do you currently have a Social Security Number? If not, you must have one before you can start to work. Yes No

PERSONAL INFORMATION

NAME: _____
LAST FIRST MIDDLE

PRESENT ADDRESS: _____
Street City State Zip

PERMANENT ADDRESS: _____
Street City State Zip

Telephone Number: () _____ Current or Most Recent Salary: _____

Are you fluent in any languages besides English? Is so, which ones? _____

Education: _____

EMPLOYMENT DESIRED

Position: _____ Date Available: _____

Full-Time Part-Time Specify Hours/Days: _____ Desired Wage: _____

Do you have any physical or mental condition or disability that may limit your ability to perform the job applied for? Yes No

If yes, what can be done to accommodate your limitations? _____

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? (Convictions for marijuana-related offenses that are more than two years old need not be listed.) Yes No If yes, state nature of the crime(s), when and where convicted and disposition of the case. (Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.) _____

If applying for a nurse/health practitioner position: Do you possess a current, valid California License? Verification of license is required for employment. Yes No

Do you currently carry professional liability insurance? Yes No

If employed, can you produce verification of your legal right to work in the United States? Yes No

I certify that to the best of my knowledge and belief, the information on this form, and contained in my resumé, is complete, true and correct. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature Date

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