



Application for Employment

I. Personal

Name _____
First Middle Last

Phone 1: _____ Phone 2: _____

Email _____

Address _____
Street Unit

City State Zip Code

Title of desired position: _____

Date I am available to start: _____

Desired wage: _____

Desired shift: _____ 7A-4P _____ 1P-10P _____ 3P-12A _____ 11P-8A

I am eligible to work in the United States.

_____ Yes _____ No

I have a valid California Driver's License.

_____ Yes _____ No _____ Valid Driver's License from another state

I am physically able to perform the core functions of this position with or without accommodation.

_____ Yes _____ No

II. Work History

Please list most recent employment first. List all employers from the last 7 years.

Employer _____ Supervisor's name _____

Address _____ Phone _____

Title of last position worked _____

Summary of duties _____

Start date _____ End date _____
Reason for leaving _____

Employer _____ Supervisor's name _____
Address _____ Phone _____
Title of last position worked _____
Summary of duties _____

Start date _____ End date _____
Reason for leaving _____

Employer _____ Supervisor's name _____
Address _____ Phone _____
Title of last position worked _____
Summary of duties _____

Start date _____ End date _____
Reason for leaving _____

Employer _____ Supervisor's name _____
Address _____ Phone _____
Title of last position worked _____
Summary of duties _____

Start date _____ End date _____
Reason for leaving _____

III. Education

Institution	Years Completed	Field of Study	Degree and Credential

Are you a veteran _____ Yes _____ No

Special Training or Certifications _____

IV. 2 Professional References

Name _____ Phone _____
Email _____

Name _____ Phone _____
Email _____

2 Personal References

Name _____ Phone _____
Email _____

Name _____ Phone _____
Email _____

V. Criminal History

Charge _____ Date of Offense _____
Please explain _____

Charge _____ Date of Offense _____
Please explain _____

VI. Equal Opportunity Employment

As part of D’Amore Healthcare’s procedure for processing your employment application, your personal and employment references will be checked. If you have misrepresented or omitted any facts on this application, and are subsequently hired, you may be discharged from your job. You may make a written request for information derived from the checking of your references. If necessary for employment, you may be required to supply your birth certificate or, other proof of authorization to work in the United States, have a physical examination and/or a drug test, or to sign a conflict of interest agreement and abide by its terms. I understand and agree to the information shown above. I further agree to fingerprinting and a background check.

Signature of Applicant

Date

D’Amore Healthcare is an Equal Employment Opportunity Employer

All employers are required to provide equal employment opportunity and D’Amore Healthcare may ask your national origin, race and sex for planning and reporting purposes only. This information is optional and failure to provide it will have no affect on your application for employment.