

HRD-	SENT TO-
MEMO 1	
MEMO 2	

# CoreCare 2009 Employment Application

AN EQUAL OPPORTUNITY EMPLOYER | Form Revised 3/1999, 1/2000, 1/2001, 10/2001, 1/2003, 5/2005, 12/2008

- **Please print. Use black ink.**

Date \_\_\_\_\_, 2009 Last name \_\_\_\_\_ First name \_\_\_\_\_ MI \_\_\_\_\_

Work phone # (\_\_\_\_) \_\_\_\_\_ Home phone # (\_\_\_\_) \_\_\_\_\_

Personal Pager # (\_\_\_\_) \_\_\_\_\_ Cellular Phone # (\_\_\_\_) \_\_\_\_\_

**Present Address**

Street \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ State Zip \_\_\_\_\_

*Permanent Address if different from above:*

Street \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ State Zip \_\_\_\_\_

- **What job do you seek?**

Position/ Job Title \_\_\_\_\_ In which department? \_\_\_\_\_

- Are you applying for:
- Regular full time work?  Yes  No
  - Regular part time work?  Yes  No
  - Temporary work, e.g., summer or holiday work?  Yes  No
  - Are you available for work on weekends?  Yes  No
  - Would you be available to work overtime, if needed?  Yes  No

What hours and days are you available for work? \_\_\_\_\_

If hired, what date can you start? \_\_\_\_\_

What salary is desired? \$ \_\_\_\_\_ per hour \$ \_\_\_\_\_ per month

- How did you hear about the job?
- Web site  Employee friend  School contact
  - Newspaper  Other \_\_\_\_\_

- **Your Personal Information**

Have you applied before to work at ParkVista or Morningside?  Yes  No

If Yes, tell us when, and in what job position. \_\_\_\_\_

Do you have friends who work at Morningside or ParkVista?  Yes  No

If Yes, state their names & departments. \_\_\_\_\_

Do you have relatives who work at Morningside or ParkVista?  Yes  No

If Yes, state their names and relationship. \_\_\_\_\_

Why are you applying to work for us? \_\_\_\_\_

If hired, do you have reliable transportation to/from work?  Yes  No

Are you at least 18 years old?  Yes  No

Are you currently employed?  Yes  No

May we contact your current employer?  Yes  No

*(If under 18, hiring is subject to verification that you are of minimum legal age.)*

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country?  Yes  No

Are you able to perform the essential functions of the job for which you applied, with or without reasonable accommodation?

Yes  No

If no, describe the functions that cannot be performed. \_\_\_\_\_

*(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire will be subject to passing a medical examination, and skill and agility tests.)*

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)?

Yes  No

If Yes, state nature of the crime(s), when and where convicted and disposition of the case

*Note: Convictions for marijuana-related offenses that are more than two years old need not be listed.*

*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.*

### • **Education, Training, Experience**

Name of High School \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

No. of years completed? \_\_\_\_\_

Did you graduate?  Yes  No

Degree or Diploma \_\_\_\_\_

Names of College / University \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

No. of years completed? \_\_\_\_\_

Did you graduate?  Yes  No

Degree or Diploma \_\_\_\_\_

-or-

Name of Vocational / Business School \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

No. of years completed? \_\_\_\_\_

Did you graduate?  Yes  No

Degree or Diploma \_\_\_\_\_

-or-

Name of Health Care School \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

No. of years completed? \_\_\_\_\_

Did you graduate?  Yes  No

Degree or Diploma \_\_\_\_\_

If you speak, write or understand any foreign languages, please list them: \_\_\_\_\_

If you feel you have any other experience, training, qualifications or skills, which make you especially suited for work at CoreCare, please explain:

Answer the following questions if you are applying for a professional position:

- Are you licensed or certified in the job applied for?  Yes  No
- Has your license/certification ever been revoked or suspended?  Yes  No
- If Yes, state reason(s), date of revocation or suspension and date of reinstatement:  
▪ \_\_\_\_\_
- Name of license / certification \_\_\_\_\_ Issuing State \_\_\_\_\_ License/Certification # \_\_\_\_\_

**Your Employment History** List below all present and past employment (last ten years is sufficient). Start with your most recent employer. Please account for any periods of unemployment. You must complete this section even if attaching a resume.

A. Most Recent Employment

EMPLOYER \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Type of business \_\_\_\_\_  
Supervisor's name \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_\_ Ext \_\_\_\_  
YOUR POSITION TITLE \_\_\_\_\_ Duties \_\_\_\_\_  
Employed from \_\_\_\_\_ to \_\_\_\_\_ Weekly pay - Starting \$ \_\_\_\_\_ Ending \$ \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

May we contact this employer for a reference?  Yes  No

B. Next Previous Employment

EMPLOYER \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Type of business \_\_\_\_\_  
Supervisor's name \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_\_ Ext \_\_\_\_  
YOUR POSITION TITLE \_\_\_\_\_ Duties \_\_\_\_\_  
Employed from \_\_\_\_\_ to \_\_\_\_\_ Weekly pay - Starting \$ \_\_\_\_\_ Ending \$ \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

May we contact this employer for a reference?  Yes  No

C. Next Previous

EMPLOYER \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Type of business \_\_\_\_\_  
Supervisor's name \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_\_ Ext \_\_\_\_  
YOUR POSITION TITLE \_\_\_\_\_ Duties \_\_\_\_\_  
Employed from \_\_\_\_\_ to \_\_\_\_\_ Weekly pay - Starting \$ \_\_\_\_\_ Ending \$ \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

May we contact this employer for a reference?  Yes  No

D. Next Previous

EMPLOYER \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Type of business \_\_\_\_\_  
Supervisor's name \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_\_ Ext \_\_\_\_  
YOUR POSITION TITLE \_\_\_\_\_ Duties \_\_\_\_\_  
Employed from \_\_\_\_\_ to \_\_\_\_\_ Weekly pay - Starting \$ \_\_\_\_\_ Ending \$ \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

May we contact this employer for a reference?  Yes  No

E. Next Previous

EMPLOYER \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Type of business \_\_\_\_\_  
Supervisor's name \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_\_ Ext \_\_\_\_  
YOUR POSITION TITLE \_\_\_\_\_ Duties \_\_\_\_\_  
Employed from \_\_\_\_\_ to \_\_\_\_\_ Weekly pay - Starting \$ \_\_\_\_\_ Ending \$ \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

May we contact this employer for a reference?  Yes  No

Military Service Have you obtained any special skills or abilities as the result of service in the military?  Yes  No

If Yes, please describe: \_\_\_\_\_

- **Please read carefully, initial each paragraph, and sign below.**

**1. (Your initials here: \_\_\_\_).** **THOROUGH AND ACCURATE COMPLETION** I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed regardless of the time elapsed before discovery.

**2. (Your initials here: \_\_\_\_).** **WORK HISTORY INVESTIGATION** I hereby authorize the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by CoreCare, I am entitled to copies of any such public records obtained by PRSI, Inc., unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of such records even though I have checked the box.

**3. (Your initials here: \_\_\_\_)** **DRUG FREE WORK PLACE.** This is a drug free work place. Any employment is contingent upon passing a drug/alcohol test.

**4. (Your initials here: \_\_\_\_).** **AT WILL EMPLOYMENT RELATIONSHIP** I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative.

- **Please list below the names of three references - persons not related to you - who have knowledge of your work performance within the last three years. Please be accurate.**

Name 1 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Occupation \_\_\_\_\_

Address \_\_\_\_\_  
 Telephone No. (\_\_\_\_\_) \_\_\_\_\_  
 Number of years acquainted \_\_\_\_\_

Name 2 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Occupation \_\_\_\_\_

Address \_\_\_\_\_  
 Telephone No. (\_\_\_\_\_) \_\_\_\_\_  
 Number of years acquainted \_\_\_\_\_

Name 3 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Occupation \_\_\_\_\_

Address \_\_\_\_\_  
 Telephone No. (\_\_\_\_\_) \_\_\_\_\_  
 Number of years acquainted \_\_\_\_\_

- **Thank you for applying! Please sign and date your application.**

**Your Signature** \_\_\_\_\_

**Today's date** \_\_\_\_\_, 2009

**PARK VISTA at MORNINGSIDE and MORNINGSIDE OF FULLERTON  
VOLUNTARY AFFIRMATIVE ACTION INFORMATION**

Completion of information below is voluntary.

In an effort to comply with requirements regarding Affirmative Action record keeping, please complete this applicant data survey. Your cooperation is appreciated.

The survey is not part of your official application for employment. It is considered confidential information that will not be used in any hiring decision.

Name:	Date:
List the title of the position(s) applied for:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Please identify yourself within one of the following <i>Ethnic Groups</i> : <input type="checkbox"/> Hispanic or Latino* <i>*Includes persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish origin or culture regardless of race.</i> <input type="checkbox"/> <b>Not</b> Hispanic or Latino	
If you are Not Hispanic or Latino, please identify yourself within one of the following Racial Groups: <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Two or More Races	
How did you learn about the job(s)? <input type="checkbox"/> Newspaper <input type="checkbox"/> Government Agency <input type="checkbox"/> Employment Agency <input type="checkbox"/> Job Service <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Employee <input type="checkbox"/> Other _____ <input type="checkbox"/> Internet Posting <input type="checkbox"/> Company Website      Person referring you (if applicable): _____	

**SPECIAL NOTICE TO VIETNAM ERA VETERANS, DISABLED VETERANS AND INDIVIDUALS WITH PHYSICAL OR MENTAL DISABILITIES:**

Our voluntary Affirmative Action Program is subject to the Vietnam Era Veterans Readjustment Act of 1974 and Rehabilitation Act of 1973. Therefore, we are required to take affirmative action to employ and advance in employment qualified veterans and veterans of the Vietnam Era, and qualified disabled individuals.

You are invited to volunteer this information, if you qualify, to assist in proper placement and determining reasonable accommodation. This information will be considered confidential, and refusal to provide this information will not adversely affect your consideration for employment.

IF YOU SO WISH TO BE IDENTIFIED, PLEASE CHECK IF ANY OF THE FOLLOWING ARE APPLICABLE:

Vietnam Era Veteran       Disabled Veteran       Individual With a Disability

**An Equal Opportunity Employer**

Park Vista at Morningside and Morningside of Fullerton are committed to equal opportunity for all. This policy governs our business activities in a manner which provides equal opportunity and treatment for all employees without regard to race, sex, color, religion, national origin, age, disability or veteran status.