



Application for Employment

Thank you for applying for a position with the prestigious **ALPHA CARE INC.**

We appreciate the time you are giving to complete this application. It is important that you fully and accurately complete this form yourself and indicate the position(s) for which you wish to be considered.

The following must be filled out completely for your application to be considered.

Name: _____
Last First Middle

Have you ever used another name? Yes No If
yes, what: _____

Home Telephone: () _____ Cell phone: (____) _____ Preferred (____) _____

Date of Birth: _____ Social Security #: _____

Have you ever used another Social Security Number? Yes No

Present Address: _____
No. Street City State Zip

Mailing Address: _____
(If different) No. Street City State Zip

Emergency Contact (1): Name: _____

Phone: _____

Emergency Contact (2): Name: _____ Phone: _____

Employment Desired:

ALPHA CARE INC., Phone: (888) 740-7023, (310)817-5636; Fax: (310) 817-5126; Website: www.alphacareinc.org ,
Email: admin@alphacareinc.org Address: 18411 CRENSHAW BLVD, SUITE 340, TORRANCE, CA 90504



Position applying for: _____

If hired, on what date can you start work? _____ Salary desired? _____

How did you hear about our company? _____
(internet, friends, family members, television, face book, social media etc)

References:

List below three persons not related to you who have knowledge of your work performance within the last three years. If this does not apply to you, then provide three school or personal references that are not related to you.

Reference 1:

Name of Reference: _____

Address: _____

Phone: _____

Years Known: _____

Relationship: _____

Reference 2:

Name of Reference: _____

Address: _____

Phone: _____

Years Known: _____

Relationship: _____

Reference 3:

Name of Reference: _____

Address: _____

Phone: _____



Years Known: _____
Relationship: _____



Education and Training

Name and State	Degree Obtained	Date Graduated
High School: _____		
College/University: _____		
Vocational/Business: _____		

Employment History:

List below all present and past employment, starting with your most recent employer:

Are You Employed Now? Yes No May we contact your present employer?

Yes No

Name of Current Employer: _____

Address: _____

No.	Street	City	State	Zip
-----	--------	------	-------	-----

Telephone: (____) _____ Your Supervisor's Name: _____

Position Held: _____

Date of Employment: From: _____ To: _____

Earnings: Starting: _____ / Ending: _____

_____ Exact Reason for Leaving: _____

Name of Employer: _____

Address: _____

No.	Street	City	State	Zip
-----	--------	------	-------	-----

Telephone: (____) _____ Your Supervisor's Name: _____



Position Held: _____
Date of Employment: From: _____ To: _____
Earnings: Starting: _____ / Ending: _____
_____ Exact Reason for Leaving: _____

Name of Employer: _____
Address: _____
 No. Street City State Zip
Telephone: (____) _____ Your Supervisor's Name: _____
Position Held: _____
Date of Employment: From: _____ To: _____
Earnings: Starting: _____ / Ending: _____
_____ Exact Reason for Leaving: _____

Name of Employer: _____
Address: _____
 No. Street City State Zip
Telephone: (____) _____ Your Supervisor's Name: _____
Position Held: _____
Date of Employment: From: _____ To: _____
Earnings: Starting: _____ / Ending: _____
_____ Exact Reason for Leaving: _____

Name of Employer: _____



Address: _____
 No. Street City State Zip
Telephone: (____)_____Your Supervisor's Name: _____
Position Held: _____
Date of Employment: From:_____To:_____
Earnings: Starting:_____ / Ending: _____
 Exact Reason for Leaving: _____



The following section is for employment within the healthcare industry in California

Please answer the following only if:

- The position for which you are applying will provide you access to patients. Have you ever been arrested for a sex related crime? Yes No

If Yes, Please Explain:

2. The position for which you are applying will provide you access to drugs or medications. Have you ever been arrested for a drug related crime? Yes No

If yes, Please Explain:



Authorization

I, _____ personally completed this form honestly and accurately.

By my signature below, I promise that I have personally completed this application. I declare under penalty of perjury that the information provided in this employment application (and accompanying resume, if any) is true and complete, and I understand that any false information or significant omissions may disqualify me from further consideration for employment and may be justification for my dismissal from employment if discovered at a later date. I understand that any job offer is conditional based on the satisfactory review of my qualifications including any and all background or drug screening which may be required.

Drug and Alcohol screening

I give permission for a pre-employment drug/alcohol screening exam, and, if the company makes a conditional job offer, I give permission for a complete employment physical and mental examination. I also consent to the appropriate release of any and all medical information, as may be deemed necessary. (See separate Agreement)

Authorization to obtain information

I voluntarily and knowingly authorize any present or past employer; supervisor; administrator; educational institution; law enforcement agency; state, local, or federal agency; credit bureau; collection agency; private business; military branch; the national personnel records center; personal reference; and/or other persons; to give records or information they may have concerning my criminal history, motor vehicle report, educational history, licensing, employment (including character, earnings history and reasons for termination) or any other information requested by the company requested to determine my eligibility for employment.

Release

I voluntarily waive all recourse and release any company, individual or organization from liability for complying with any request from the company or agents of the company (including any consumer reporting agency) to obtain any information from any source whatsoever relating to my application for employment. I further release the company or any individual within the company regarding the use any information received which may have bearing on my application for employment.



Hepatitis B Vaccine

OSHA requires all health care workers at risk to have the opportunity to have the Hepatitis B Vaccination offered to them by their employer.

1. If you have completed the vaccination series, please indicate such at the appropriate statement, date and sign the bottom of this letter.
2. If you are in the process of receiving the series, please indicate, date and sign at the bottom of this letter. Please indicate if you require a dose of the vaccine while working on this contract, _____

ALPHA CARE INC. will provide it to you at no cost.

3. If you decline to have the Hepatitis B Vaccine indicate this at the bottom of this letter, sign and date.

*****Please Choose Only One*****

I understand the OSHA guidelines and have completed the Hepatitis B Vaccine series.

Signed: _____ Date: _____

I understand the OSHA guidelines and need # ___ or booster, in the series. Please make arrangements with us to receive this dose of the vaccine.

Signed: _____ Date: _____

I understand the OSHA guidelines and DECLINE the Hepatitis B Vaccination.

Signed: _____ Date: _____



Education Acknowledgment Form

This is to acknowledge that I have received training on and a copy of ALPHA CARE INC's Handbook which contains information and verification of procedures related to the following:

- Bloodborne Pathogens and Universal Precautions
- Latex Allergies
- Hospital and Fire Safety
- Emergency Preparedness
- Security and Workplace Violence
- Tuberculosis Education
- HIPAA Education
- Patient Rights
- Risk Management
- Age Specific Competency
- Use of Restraints
- Abuse Reporting
- Sexual Harassment
- Conscious Sedation
- Advance Directives
- Organ Donation
- Medication Errors
- Preventing Workplace Injuries
- JCAHO National Patient Safety
- Goals

I understand that the above-mentioned materials provide guidelines and summary information about the company's policies and procedures. I also understand that it is my responsibility to read, understand, become familiar with, and comply with the standards that have been established.

Signature: _____

Print Name: _____



Date: _____