



Realty Care

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Los Angeles, CA90301

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Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Previous Employment

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Certifications

- CPR / First Aid Exp. Date _____ State of Issue _____
- CNA Exp. Date _____ State of Issue _____
- LVN Exp. Date _____ State of Issue _____
- RN Exp. Date _____ State of Issue _____
- TB Test Exp. Date _____ State of Issue _____
- Live Scan Exp. Date _____ State of Issue _____
- other Exp. Date _____ State of Issue _____

Please attach or fax copies of any certifications you have checked.

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that the answers given and the information provided by me in this application are true and complete.

I authorize Realty to make investigations and inquiries of my personal or employment history to arrive at an employment decision. I hereby release employer, school, and/or any and all other persons from all liability in responding to inquiries relating to my application or suitability for employment by Realty.

I understand and agree that false or misleading information given by me in my application, in any interviews, and/or in any resume or other document provided by me in connection with my application for employment may result in denial of employment or in discharge from employment.

If offered employment. I understand that such employment is at will, and may be terminated at any time, with or without cause, upon notice, by me or Realty. I further understand that this paragraph constitutes the entire agreement between Realty and me concerning the duration of my employment by Realty, and that this agreement cannot be modified in any respect except in subsequent writing executed by me and by Realty.

I understand that if employed, I must at all times comply with Realty standards of work performance and business conduct. Also, I understand that I am required to abide by all rules and regulations of Realty. Failure to do so may result in disciplinary action up to and including termination.

I understand that before offered employment, I will be required to show proof of authorization of the right to work in the United States.

I understand that my application for employment will be considered "active" for a period of 90 days from this date. To be considered for employment after that time, I understand I must update the status of this application or reapply for employment.

I hereby acknowledge that I have read the above statements and understand them.

Available Work Schedule – Care Givers Minimum 35hrs

Name: _____ Available Start Date: _____

I prefer to work: _____ Part Time _____ Full Time Number of hours per week: _____

Sunday: _____	Wednesday: _____
Monday: _____	Thursday: _____
Tuesday: _____	Friday: _____
	Saturday: _____

Do you have own transport and will you consider non medical in home care services? YES NO

Are you interested in having a profile on our website where you may be contacted directly by people requiring your services while we consider your application? YES NO

For non medical in home care what distance can you travel for home:

Additional information:

Signature: _____ Date: _____