

A PLUS HOME HEALTH, INC.

3455 W Shaw Ave. #107, Fresno, CA 93722
Phone: 559-500-2616 Fax: 559-272-6431

DATE OF HIRE: _____

APPLICATION FOR EMPLOYMENT

A Plus Home Health, Inc. and federal law prohibit employment discrimination based on religion, race, color, handicap, national origin, age, sex, or any other applicable status protected by state or local law. A Plus Home Health, Inc., is an equal opportunity employer and does not discriminate based on any legally protected category or medical condition.

Please print and complete application in full.

Personal Information:

Name: _____ Date: _____
(Last) (First) (Middle)

All names used in the past: _____

Current Address: _____
(Number/Street) (City) (State) (Zip code)

Phone: (____) _____ Cell: _____ Email: _____

SSN#: _____ Date of Birth: _____

Driver License information: _____

State: _____ Number: _____ Class: _____ Expiration Date: _____

Restrictions or suspensions: _____

Are you 18 years of age or older? ☐ Yes ☐ No

If you are under 18, can you provide proof of your eligibility to work? ☐ Yes ☐ No

Are you eligible to work in the United States? ☐ Yes ☐ No

Have you ever applied here before? ☐ Yes ☐ No If "yes", when? _____

Were you ever employed here? ☐ Yes ☐ No If "yes", when? _____

Have you ever been convicted of any law violation? ☐ Yes. ☐ No

If "yes," give details: _____
(A "yes" answer does not automatically disqualify you from employment for the job of which you are applying for.)

Names of any relatives working for the Agency: _____

Referred by/learned of A Plus Home Health, Inc. from: _____

☐ By checking this box, unless otherwise prohibited by applicable law, I am waiving my rights to receive copies of public records obtained by A Plus Home Health, if any, through the applicant review/investigation process associated with this Application for Employment.

Residence Address During the Past Five Years:

(Number/Street)	(City)	(State)	(Zip code)	(Date)
(Number/Street)	(City)	(State)	(Zip code)	(Date)
(Number/Street)	(City)	(State)	(Zip code)	(Date)
(Number/Street)	(City)	(State)	(Zip code)	(Date)

Employment Desired:

Position: (1) _____ (2) _____ (3) _____

Are you now or do you expect to be engaged in any other business/employment? ☐ Yes ☐ No

If "yes," please explain: _____

Start Date: _____ **Pay Rate:** _____ ☐ Hourly ☐ Weekly ☐ Monthly ☐ Annually ☐ Per Visit

Are you seeking: ☐ Full-Time ☐ Part-Time ☐ Independent Contractor ☐ Per Diem

If necessary, are you be able to work overtime? ☐ Yes ☐ No

If hired, would you have a reliable means of transportation to and from work? ☐ Yes ☐ No

If "yes," are you able to provide proof of valid car insurance? ☐ Yes ☐ No

Are you able to perform the duties of the position you are applying for, with or without reasonable accommodation and including regular attendance? ☐ Yes ☐ No

Are you a current member of the U.S. Military or a Veteran? ☐ Yes ☐ No

Have you ever been disciplined for discrimination, harassment or violation of company policies, fired, or asked to resign from employment? ☐ Yes ☐ No

If "yes," please identify the former employer and explain: _____

Have you used drugs considered illegal under state and or federal law within the last six (6) weeks?

☐ Yes ☐ No If "yes," state which illegal drug and when: _____

Education and Skill:

Schools	Name and Address	Years Completed	Courses or Major Subjects	Diploma or Degrees
High School				
College or University				
Graduate School				
Other: Vocational, Apprenticeship				

Describe if you have any other experience, training, qualifications, or skills that are relevant to the job you are applying for.	
State any additional information you feel may be helpful to us in considering your application.	

Are you licensed or certified for the job you are applying for? ☐ Yes ☐ No

Type of License or Certificate	License No.	State Issued:	Expiration Date:

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: _____

Are you currently licensed in any other state(s)? ☐ Yes ☐ No

If so, name of state(s): _____

Language Ability:

List only those languages you could use in the position you are applying for.

Language (1): _____

☐ Speak ☐ Read ☐ Write

Language (2): _____

☐ Speak ☐ Read ☐ Write

Language (3): _____

☐ Speak ☐ Read ☐ Write

Language (4): _____

☐ Speak ☐ Read ☐ Write

Former Employers:

List below your work experience, starting with your present or most recent job, volunteer experience, and any job-related military service assignments. Do not exclude any employment. Explain any gaps in employment for the last ten (10) years.

1. Employer		Date Employed		Any additional time periods employed with this Employer	
Address		From	To	From	To
Phone Number					
Your Job Title	Supervisor's Name				
Reason for leaving					
2. Employer		Date Employed		Any additional time periods employed with this Employer	
Address		From	To	From	To
Phone Number					
Your Job Title	Supervisor's Name				
Reason for leaving					
3. Employer		Date Employed		Any additional time periods employed with this Employer	
Address		From	To	From	To
Phone Number					
Your Job Title	Supervisor's Name				
Reason for leaving					

4. Employer		Date Employed		Any additional time periods employed with this Employer	
Address		From	To	From	To
Phone Number					
Your Job Title	Supervisor's Name				
Reason for leaving					
5. Employer		Date Employed		Any additional time periods employed with this Employer	
Address		From	To	From	To
Phone Number					
Your Job Title	Supervisor's Name				
Reason for leaving					

May we contact the Employers/Agencies listed above?

☐ Yes ☐ No

If "no," please indicate which one(s) you do not wish us to contact and reason(s): _____

References:

Please list three (3) Personal References.

1. _____
 (Name) (Relationship) (Years Acquainted) (Phone)

2. _____
 (Name) (Relationship) (Years Acquainted) (Phone)

3. _____
 (Name) (Relationship) (Years Acquainted) (Phone)

Please list three (3) Professional References unrelated to you and have known you for at least one year.

1. _____
 (Name) (Title) (Years Acquainted) (Phone)

2. _____
 (Name) (Title) (Years Acquainted) (Phone)

3. _____
 (Name) (Title) (Years Acquainted) (Phone)

May we contact the References listed above?

☐ Yes ☐ No

Emergency Contacts:

Please list emergency contact(s).

1. Primary Emergency Contact:

_____ (Name)		_____ (Address)	
_____ (Relationship)	_____ (Home Phone)	_____ (Cell Phone)	_____ (Work Phone)

2. Secondary Emergency Contact (Optional):

_____ (Name)		_____ (Address)	
_____ (Relationship)	_____ (Home Phone)	_____ (Cell Phone)	_____ (Work Phone)

In the event of an emergency, I authorize A Plus Home Health Care, Inc. ("Agency"), to contact the individuals listed above. I understand that these contacts may be informed about my condition, location, or other relevant details as necessary to ensure my safety and well-being.

I have provided the above information voluntarily and affirm that it is accurate and up-to-date. I understand that I may update or revoke this authorization at any time by submitting a written request to A Plus Home Health Care, Inc.

Print Name: _____ **Date:** _____

Applicant's Signature: _____ **Date:** _____

OIG / SAM VERIFICATION FORM

Please print and sign the OIG/SAM Verification Form and include it with Application for Employment Form.

I understand and acknowledge the following:

1. By signing this Agreement, the Applicant grants permission to A Plus Home Health, Inc. ("Agency") to use the personal information provided in their Application for Employment to verify employment eligibility, including conducting necessary verification checks and accessing the System for Award Management (SAM) exclusion database and the Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE) to ensure compliance with federal and state regulation.
2. I understand that the Agency cannot hire me ("Applicant") without first completing the required verification through the SAM and OIG databases. If I am listed on the SAM or OIG exclusion lists, I will be automatically ineligible for employment with the Agency. The Agency may deny employment solely based on these exclusion databases.
3. I understand the Agency will handle all my information with strict confidentiality and will use it solely to ensure compliance with applicable employment eligibility standards.
4. I, hereby, acknowledge and agree to the following:
 - a. Verification through the SAM and OIG databases is a federal requirement to ensure compliance with employment standards.
 - b. The Agency is not liable for any decisions based on information found in the SAM or OIG databases.
 - c. The Agency reserves the right to deny employment based on the verification process results.
 - d. The release of liability of the Agency, its officers, employees, and agents from any and all claims, demands, liabilities, or damages that may arise from the use of the information for verification purposes or decisions made based on the findings.
 - e. I understand I can revoke this authorization in writing at any time, except to the extent that action has already been taken based on this authorization.

I, _____, have read and understood the terms outlined in this Agreement. By signing below, I consent to the use of my information for verification purposes and acknowledge that my employment is contingent upon completing the verification process. I understand that my employment application may be denied if I am listed on the SAM or OIG exclusion databases.

Print Name: _____ **Date:** _____

Applicant's Signature: _____ **Date:** _____

Company Representative: _____ **Title:** _____

Signature: _____ **Date:** _____

I understand and acknowledge the following:

1. If I am offered employment, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the U.S.
2. I understand that if I am employed, any false statement, misrepresentation, or omission of facts on this application, on any supporting documents, or in any interview, regardless of when discovered to be false or omitted, may result in my immediate dismissal.
3. I understand that I will be required to possess a current and valid California driver's license and provide proof of automobile insurance if my job requires me to drive in the course of my work.
4. I agree that, if I am offered a position, it will be offered on the condition that my employment shall be at will and for no definite period. My employment may be terminated at any time with or without cause and with or without prior notice. In addition, all terms and conditions of my employment shall be at will and subject to modification by the Agency at any time. I understand that no supervisor or manager may alter or amend the above conditions except for the Administrator of A Plus Home Health, Inc. Only the Administrator of A Plus Home Health, Inc., has the authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the terms of this paragraph, and any agreement different than this paragraph is unenforceable unless it is in writing and signed by the Administrator of A Plus Home Health, Inc.
5. I understand and agree that as a condition of my employment I may be required to undergo medical examination.
6. I understand and agree that as a condition of my employment, I may be required to undergo drug testing, and any other testing to the extent permitted by applicable laws.
7. I understand and agree that, if I am offered a position, it may be a conditional offer based on my successful passing of a background check (including a review of any history of criminal convictions), drug and alcohol screen, and post-offer medical examination. I agree that failure to pass the check/test/examination, or refusal of the check/test/examination will result in the withdrawal of any offer or termination of employment if already employed.
8. If I am offered employment, I will, as a condition of employment, furnish proof that I am over 18 years of age.
9. I agree that, if I am offered employment, I will be required to conform to the rules and regulations of the Agency and sign an Employee Acknowledgement Form and other documents signed by new employees which may include a background investigation authorization, a drug testing authorization, a mandatory arbitration agreement, and a confidentiality agreement.
10. I authorize the investigation of all statements contained in this application and any supporting documents. I authorize the Agency to secure information about my experience from former employers, educational institutions, government agencies, or any references I have provided and for those parties to provide information concerning my experience, and I hereby release all parties from any liability arising from such investigation.
11. I understand that no supervisor or manager may alter or amend the conditions set forth in paragraphs one (1) to ten (10) above. I understand that the foregoing conditions can only be altered or amended by a written agreement signed by the Administrator of A Plus Home Health, Inc. I hereby agree to submit any dispute arising out of my submission of this application or arising after I am hired to binding arbitration pursuant to the Agency's alternative dispute resolution policy. I agree that I will have no right to a jury trial arising from my submission of this application or my employment should I be offered employment. I understand that I may request and review a copy of the Agency's alternative dispute resolution policy before I sign and/or submit this application.

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREED TO THE CONTENTS OF THIS EMPLOYMENT APPLICATION.

Applicant's Signature: _____ **Date:** _____

Special agreements made at the time of hire (i.e., time off): _____

Applicant's Signature: _____ Date: _____

Do not write below this line, intended for A Plus Home Health, Inc., use only.

Verified License/Certification by: ☐ Phone ☐ Online

Conducted by: _____ Date: _____
(Print Name) (Signature)

Interview: Yes _____ No _____ Date: _____ By: _____