

## APPLICATION FOR EMPLOYMENT

### SOPHIANA'S HEART OF AN ANGEL HOME CARE INC.

74-710 HWY 111, SUITE 102

PALM DESERT, CA 92260

PHONE: 760.469.9659 AFTER HOURS: 760.610.4238

EMAIL: [sophianashahomecareinc@gmail.com](mailto:sophianashahomecareinc@gmail.com)

1. It is the policy of Sophiana's Heart of an Angel Home Care Inc. to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

#### 2. Applicant Information:

Applicant Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/ Zip: \_\_\_\_\_

Years of this address: \_\_\_\_\_

Other Address: \_\_\_\_\_

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Daytime phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_

Mobile phone: \_\_\_\_\_ Email: \_\_\_\_\_

Social Security #: \_\_\_\_\_

DL \_\_\_\_\_ D.O.B. \_\_\_\_\_

#### 3. Emergency Contact:

Who should be contacted in case emergency?

Contact Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone: \_\_\_\_\_

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4. Job Position Applied For: \_\_\_\_\_

5. Salary Desired: \_\_\_\_\_/hour

6. Are you at least 18 years old? YES \_\_\_\_\_ NO \_\_\_\_\_

7. Are you willing to work any shift, including nights and weekends? YES \_\_\_\_\_ NO \_\_\_\_\_

If NO, please state any limitations:

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8. If applicable, are you available to work extra shift? YES \_\_\_\_\_ NO \_\_\_\_\_

9. If you are offered employment, when would you be available to begin work?

10. If hired, are you able to submit proof that you are legally eligible for employment in the United States? YES \_\_\_\_\_ NO \_\_\_\_\_

11. Are you able to perform the essential functions of the job position you seek with or without reasonable accommodation? YES \_\_\_\_\_ NO \_\_\_\_\_

What reasonable accommodation if any, would you request?

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12. Have you ever been convicted of a felony or misdemeanor?

In California, you need not disclose a conviction that was: a) judicially expunged or sealed; b) for marijuana-related offense over two years old; c) if you completed a pre-trial or post-trial diversion program; or d) for a misdemeanor for which probation has been successfully completed (or otherwise discharged) and the case was judicially dismissed. A conviction will not be a bar to employment.

\_\_\_\_\_ YES, I was convicted of \_\_\_\_\_

On \_\_\_\_\_ (date) in \_\_\_\_\_ (city), \_\_\_\_\_ (state)

\_\_\_\_\_ NO

**13. Applicant Employment History:**

List your current or most recent employment first. Please list all jobs (including self-employment and military service) which you have held, beginning with the most recent, and list and explain any gaps in employment. If additional space is needed continue the back page of this application.

Employer(1) Name: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Job position: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Dates of Employment (Month/Year): \_\_\_\_\_ to \_\_\_\_\_

Employer(2) Name: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Job position: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Dates of Employment (Month/Year): \_\_\_\_\_ to \_\_\_\_\_

Employer (3) Name: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Job position: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Dates of Employment (Month/Year): \_\_\_\_\_ to \_\_\_\_\_

**14. Applicant Education and Training:**

High School/GED Name and Address \_\_\_\_\_

\_\_\_\_\_ Did you received? YES \_\_\_\_\_ NO \_\_\_\_\_

College/University Name and Address \_\_\_\_\_

\_\_\_\_\_ Did you receive a degree? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, degree(s) received: \_\_\_\_\_

Other Training (graduate, technical, vocational):  
\_\_\_\_\_

Please indicate any current professional licenses or certifications that you hold:  
\_\_\_\_\_

Awards, Honors, Special Achievements:  
\_\_\_\_\_

Military Service: YES \_\_\_\_\_ NO \_\_\_\_\_

Branch: \_\_\_\_\_

Specialized Training: \_\_\_\_\_

**15. References:**

List any two non-relatives who would be willing to provide a reference for you.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

16. Please provide any other information that you believe should be considered, including whether you are bound by any agreement with any or current employer:  
\_\_\_\_\_

## **CERTIFICATION**

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize Sophiana's Heart of an Angel Home Care Inc. to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to communicate information fully and freely regarding my previous employment, attendance, grade. I authorize those persons designated as references to communicate information fully and freely regarding my previous employment and education.

**I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.**

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APPLICANT SIGNATURE

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DATE