

A Flying Eagle Home Health

5775 Los Angeles Ave. Suite 100
Simi Valley, CA 93063
Phone: (805) 582-9389--Fax: (805) 582-0632

APPLICATION FOR EMPLOYMENT

CONFIDENTIAL (PLEASE PRINT CLEARLY)

A Flying Eagle Home Health does not discriminate in hiring or employment on the basis of race, color, religious creed, national origin, ancestry, sex, or on the basis of age or physical or mental handicap unrelated to the ability to perform the work required. No question on this application is intended to obtain information to be used for such discrimination. This application will be given every consideration. However its acceptance does not imply that the applicant will be employed.

Personal Information

Date of Application: ____/____/____ Date Available: ____/____/____

Social Security Number: ____-____-____

Name: _____
Last First Middle

Phone Number: (____) ____-____

Present Address: _____
Street City State Zip Code

Additional
Phone Number: (____) ____-____

Notify In Case of
Emergency: _____
Last First Middle

Phone Number: (____) ____-____

Present Address: _____
Street City State Zip Code

What Language(s) other than English do you speak? _____

If Not a U.S. Citizen, do you have the legal right to work in the U.S.? Yes No

Employment Desired

Have you worked for this company before? Yes No Date ____/____/____

Type of Work Desired	Shift
1 st Choice	
2 nd Choice	

Are you 18 years of age or older? Yes No

What type of employment are you seeking? Full Time _____ Part Time? _____

Are you employed now? _____ May we contact your present employer? _____ If no, why? _____

Education

	Name of School	Location (City, State)	Courses Taken	Date Completed	Diploma, Degree or Certificate Received
High School					
College					
Vocational or Business					
Professional Education					
Other					

Extracurricular Activities: _____

Member of Professional Organizations: _____

Honors Received, Volunteer or Community Service or other qualifications you have which you feel are related to the position for which you are applying: _____

Have You Ever Been in
The U.S. Armed Forces? _____

Are You Presently a Member
of Reserve or National Guard? _____

If So, When is Your
Enlistment Up? _____

Professional License and/or Certification				Verification
Type	Organization or State Issued	Date Issued	Number	
Type	Organization or State Issued	Date Issued	Number	
Type	Organization or State Issued	Date Issued	Number	

Employment History

Present & Former Employers	Dates Employed	Salary Range	Position & Duties	Reason for Leaving
Name: _____ Address: _____ Supervisor's Name: _____ Phone: _____	From: _____ To: _____	Starting: _____ Ending: _____	_____ _____ _____	_____ _____ _____
Name: _____ Address: _____ Supervisor's Name: _____ Phone: _____	From: _____ To: _____	Starting: _____ Ending: _____	_____ _____ _____	_____ _____ _____
Name: _____ Address: _____ Supervisor's Name: _____ Phone: _____	From: _____ To: _____	Starting: _____ Ending: _____	_____ _____ _____	_____ _____ _____

Please explain all periods of unemployment:

If your former employment references, education or military service are under a name other than indicated on front of application, please indicate below:

_____ Last _____ First _____ Middle _____

Have you ever been convicted of a crime _____ If so, for what, when and where? _____

Use this space to give us further information which will assist us in placing you, including at least two personal references not related to you, whom you have known for at least one year. _____

Do you consider yourself to be able to perform all of the duties required by the job(s) for which you are making an application without endangering yourself, other employees or patient? _____ If no, please explain: _____

Signature _____ Date _____

I hereby certify that I have read and fully understand this application. This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. Falsification of information are grounds for denial or termination of employment