Please print and complete all information requested

All applicants may be tested for illegal drugs

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| Name: Last First Middle Driver’s License No. | Social Security No. |
| Home: Address: Street City State Zip |
| Mailing Address: Street City State Zip |
| Email:  | Home Phone | Cell Phone |
| Position Applying For: | Specialty | Salary | Available Date |
|  Availability(mark all your choices) |
|  Mon Tues Wed Thu Fri Sat Sun 0 0 0 0 0 0 0 | Shift: 7a 3-11 7p 11p live-in live-out 24hrs 0 0 0 0 0 0 0 | Full time Part Time 0 0 |
| Education and Training |
| High School | City | Highest grade | Diploma |
| Trade School | City | Years completed | Diploma |
| College | City | Major | Degree |
| University | City | Major | Degree |
| Work experience (Please list your work experience for the past  5 years beginning with the most recent) |
| **Job #1**  |
| Employer’s Name | Supervisor’s Name: |
| Employer’s Address City State Zip |
| Employer’s phone# | Your Job title: | Employment dates:From: To: |
| Reason for leaving: | Salary:Start: Ending: |
| Duties: |
| **Job#2** |
| Employer’s Name | Supervisor’s Name: |
| Employer’s Address City State Zip |
| Employers Phone No. | Your Job Title | Employment Dates:From: To: |
| Reason for leaving | Salary:Start: Ending: |
| Duties |
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| **Job#3** |
| Employer’s name | Supervisor’s name |
| Employers address City State Zip |
| Employer’s phone No: | Your Job Title | Employment datesFrom: To: |
| Reason for leaving: | Salary:Start: Ending: |
| Duties: |
| Can we contact your employers: yes/no | Did you complete the application yourself: yes/no | List languages you speak other than English. |

Reference (please provide 2 references other than relatives or past employers) |
| **Reference#1** |
| Name: | Phone | Email: |
| Address: City State Zip |
| **Reference#2** |
| Name | Phone | Email |
| Address City State Zip |
| Background |
| Yes | No | Please answer all questions and provide an explanation for any yes answer. |
|  |  | Have you ever been convicted of a crime? |
|  |  | Have you ever used drugs not prescribed by a doctor for medication purposes? |
|  |  | Do you have any moving violations over the past 3 years? |
|  |  | Have you ever served in the US military forces? |
|  |  | Have you ever filed bankruptcy? |
| Please explain all Yes answers:  |
| Driver’s license# | State  | Yrs Lic’d | Are you a USA citizen: Yes/no, if no, enter:Alien registration#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Can you travel to work: (mark all that applies)O Local O Out of area O State O Country  |
| Additional Comments |
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|  APPLICATION FORM WAIVER |

In exchange for the consideration of my job application by AACE Home Care, Inc; (hereinafter referred to as “AACE”), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other business practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of AACE., or otherwise to change in any respect the employment-at-will relationship between AACE and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of AACE. Both the undersigned and AACE., may end the employment relationship at any time, without specified notice or cause. If employed, I understand that AACE may unilaterally change or revise its benefits, policies and procedures and such changes may include reduction in benefits at any time without my consent. All changes will be posted and take effect as mandated solely by AACE.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the AACE permission to contact schools, previous employers, references, and others, and hereby release AACE from any liability as a result of such contact.

I also understand that (1) that AACE has a drug and alcohol policy that provides for pre-employment testing as well as testing during employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment are based on the successful passing of testing under such policy. I further understand that continued employment will be based on the successful passing of job-related physical examinations. I understand that, in connection with the routine processing of my employment application, AACE may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, AACE, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act. I further understand that my employment shall be probationary for a period of ninety (90) days, and further, that at any time during the probationary period or thereafter, the employment relation with AACE can be terminated at will for any reason by either party.

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| Name of Applicant: (print) Signature of Applicant Date: |

AACE is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with us is based solely on your qualifications and availabilities.

Completed applications can be sent to: (one of the following)

Email: info@aace.care **OR**

Fax: 1-909-315-6902 (toll free) **OR**

US mail: AACE Home Care Inc., PO Box 2547, Chino Hills CA 91709

Thank you for giving us the opportunity to serve you.

Rosemarie Miller