



2705 Mountain View Drive  
 La Verne, CA 91750-4313  
 (909) 593-4917  
 www.LivingatHillcrest.org

# EMPLOYMENT APPLICATION

An Equal Employment Opportunity Employer. We comply with all applicable state and federal civil rights and equal employment laws and regulations.

PLEASE COMPLETE IN INK

LAST NAME	FIRST	MIDDLE	HOME PHONE NUMBER
CURRENT ADDRESS			CELL PHONE NUMBER
CITY	STATE	ZIP CODE	E-MAIL ADDRESS:

POSITION APPLYING FOR:	SALARY DESIRED:
HOW WERE YOU REFERRED TO HILLCREST?	ARE YOU APPLYING FOR: FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> ON-CALL <input type="checkbox"/>
DO YOU HAVE RELATIVES OR FRIENDS WORKING AT HILLCREST? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, NAME:	DATE AVAILABLE FOR WORK:
HAVE YOU EVER BEEN EMPLOYED BY HILLCREST? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, WHEN?:	WOULD YOU CONSIDER WORKING ANY SHIFT? YES <input type="checkbox"/> NO <input type="checkbox"/> WEEKENDS & HOLIDAYS? YES <input type="checkbox"/> NO <input type="checkbox"/> ROTATING SHIFTS? YES <input type="checkbox"/> NO <input type="checkbox"/>
LONG TERM OCCUPATIONAL GOALS:	SHIFT PREFERENCE: 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>
CAN YOU, AFTER AN OFFER OF EMPLOYMENT, SUBMIT PROOF OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES? YES <input type="checkbox"/> NO <input type="checkbox"/>	
IF REQUIRED FOR YOUR WORK, DO YOU HAVE A VALID CALIFORNIA DRIVER'S LICENSE? YES <input type="checkbox"/> NO <input type="checkbox"/>	
License #: _____	

**HILLCREST IS A SMOKE-FREE WORKPLACE**

**EDUCATION AND SKILLS**

SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	CHECK LAST YEAR COMPLETED				DID YOU GRADUATE?	LIST DIPLOMA OR DEGREE
			1	2	3	4		
HIGH							<input type="checkbox"/> YES	
							<input type="checkbox"/> NO	
COLLEGE							<input type="checkbox"/> YES	
							<input type="checkbox"/> NO	
COLLEGE							<input type="checkbox"/> YES	
							<input type="checkbox"/> NO	
OTHER Business College, Other Special Courses (Include Special Military Training, Post Graduate and Nursing)								
AREA OF SPECIALIZATION OR MAJOR INTEREST					LIST COMPUTER SKILLS (Word, Excel, Publisher, etc.)			
LIST HEALTH CARE, BUSINESS, OR INDUSTRIAL EQUIPMENT OPERATED:								

**PROFESSIONAL LICENSES AND/OR CERTIFICATIONS**

ARE YOU CURRENTLY ELIGIBLE FOR:				
<input type="checkbox"/> REGISTERED <input type="checkbox"/> LICENSED <input type="checkbox"/> CERTIFIED <input type="checkbox"/> REGISTRATION <input type="checkbox"/> LICENSURE <input type="checkbox"/> CERTIFICATION				
IF CURRENTLY LICENSED, REGISTERED OR CERTIFIED	LICENSES OR CERTIFICATION TYPE	STATE	LICENSE OR CERTIFICATION NUMBER	EXPIRES
	LICENSES OR CERTIFICATION TYPE	STATE	LICENSE OR CERTIFICATION NUMBER	EXPIRES
	LICENSES OR CERTIFICATION TYPE	STATE	LICENSE OR CERTIFICATION NUMBER	EXPIRES
PREVIOUS OR PAST LICENSE, REGISTRATION OR CERTIFICATION	LICENSES OR CERTIFICATION TYPE	STATE	LICENSE OR CERTIFICATION NUMBER	EXPIRED
	LICENSES OR CERTIFICATION TYPE	STATE	LICENSE OR CERTIFICATION NUMBER	EXPIRED
	LICENSES OR CERTIFICATION TYPE	STATE	LICENSE OR CERTIFICATION NUMBER	EXPIRED

**REFERENCES**

LIST AT 3 REFERENCES WHO ARE NOT RELATIVES OR EMPLOYERS:			
NAME AND RELATIONSHIP	TITLE	COMPANY NAME/ADDRESS	TELEPHONE #:

**SIGNATURE**

**READ THIS SECTION PRIOR TO PROVIDING SIGNATURE BELOW**

In consideration of my employment, I agree to conform to the rules and regulations of this facility. It must be remembered that the employment relationship is based on the mutual consent of the employee and Hillcrest. Accordingly, either the company or the employee can terminate the employment relationship at any time. I understand that no one has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing, except for a written employment agreement signed by the President of Hillcrest.

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete. I understand that any false or misleading representations or omissions may disqualify me from further consideration for employment and may result in immediate discharge even if discovered at a later date.

I hereby authorize persons, schools, my current employer (if applicable) and previous employers and organizations named on this application (and accompanying resume, if any) to provide this facility and all affiliates with any relevant information regarding an employment decision, and I release all such persons from any liability regarding the provision or use of such information.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

Please Print Your Name

PREVIOUS EXPERIENCE

LIST NAME, ADDRESS AND PHONE NUMBER OF PREVIOUS EMPLOYERS WITH MOST RECENT EMPLOYER FIRST	FROM	TO	IMMEDIATE SUPERVISOR
JOB TITLE: _____			
EMPLOYER NAME: _____ PHONE: _____			
ADDRESS: _____			
DUTIES: _____ _____			
REASON FOR LEAVING: _____			
JOB TITLE: _____			
EMPLOYER NAME: _____ PHONE: _____			
ADDRESS: _____			
DUTIES: _____ _____			
REASON FOR LEAVING: _____			
JOB TITLE: _____			
EMPLOYER NAME: _____ PHONE: _____			
ADDRESS: _____			
DUTIES: _____ _____			
REASON FOR LEAVING: _____			
JOB TITLE: _____			
EMPLOYER NAME: _____ PHONE: _____			
ADDRESS: _____			
DUTIES: _____ _____			
REASON FOR LEAVING: _____			
<b>State if you do not want us to contact any of the above listed former employers and the reason you do not want each contacted.</b>			
_____ _____			
Can we run a detailed employment check, including but not limited to a check, with your previous employers? <input type="checkbox"/> YES <input type="checkbox"/> NO <b>Please sign here to authorize reference check</b>			

California Regulation Title 22 Division 6 requires that all employees that have contact with the clients of a community care facility must have a criminal record clearance. Therefore, please read and complete the following:

Do you declare, under the penalty of perjury, that you have not been convicted of a crime, other than a minor traffic violation for which the fine was \$50 or less before April 5, 1984 or pursuant to paragraph (1) sub-division (a) of Section 42001 of the Vehicle Code after April 5, 1984?

Signed \_\_\_\_\_ Please Print Your Name

\_\_\_\_\_ Date

If you have any prior conviction of a crime with the exception of any minor traffic violation for which the fine was \$50 or less before April 5, 1984 or pursuant to paragraph (1) sub-division (a) of Section 42001 of the Vehicle Code after April 5, 1984, please specify:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### ACKNOWLEDGMENT

If a person has been convicted of a crime other than a minor traffic violation as specified in Section 80019(F) of Title 22, Social Security Division G, Licensing of Community Care Facilities, he/she shall acknowledge that his/her continued employment is conditional on approval of the licensing agency.

Signed \_\_\_\_\_ Please Print Your Name

\_\_\_\_\_ Date

### ACKNOWLEDGMENT

I certify that I have never been excluded for participation in Medicare or Medicaid programs.

Signed \_\_\_\_\_ Please Print Your Name

\_\_\_\_\_ Date

### TO BE COMPLETED AFTER INTERVIEW

REFERENCE CHECK #1: \_\_\_\_\_ DATE CHECKED: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

REFERENCE CHECK #2: \_\_\_\_\_ DATE CHECKED: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

REFERENCE CHECK #3: \_\_\_\_\_ DATE CHECKED: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

PREVIOUS EMPLOYER REFERENCE: DATES OF SERVICE AND POSITION HELD CORRECT?:  YES  NO

EMPLOYER NAME: \_\_\_\_\_ DATE CHECKED: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

PREVIOUS EMPLOYER REFERENCE: DATES OF SERVICE AND POSITION HELD CORRECT?:  YES  NO

EMPLOYER NAME: \_\_\_\_\_ DATE CHECKED: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

PREVIOUS EMPLOYER REFERENCE: DATES OF SERVICE AND POSITION HELD CORRECT?:  YES  NO

EMPLOYER NAME: \_\_\_\_\_ DATE CHECKED: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

HIRED?  YES  NO EXPLAIN BELOW

NOTES \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

SUPERVISOR/INTERVIEWER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

FOR OFFICE USE ONLY 01/01/2018