



Horizon Valley Home Health Care, Inc.

28991 Old Town Front Street Suite 105, Temecula, CA 92590
Tel: (951) 699-4017 Fax: (951) 699-4016

Please provide a COPY of the following documents:

- 1) Resume
- 2) Professional License
- 3) CPR
- 4) Valid Driver License
- 5) Current Auto Insurance
- 6) Professional Liability Insurance (Contractor only)
- 7) Business License (Contractor only)
- 8) TB test results (Within 6 months)
- 9) Chest X-Ray (For positive PPD)
- 10) Physical exam (Within 6 months)
- 11) Drug Test / Drug Screening



Horizon Valley Home Health Care, Inc.

28991 Old Town Front Street Suite 105, Temecula, CA 92590
Tel: (951) 699-4017 Fax: (951) 699-4016

CONFIDENTIAL (Please Complete and Print Clearly)

Horizon Valley Home Health Care, Inc. 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: ____/____/____
Date of Birth: ____/____/____ Social Security Number: ____-____-____
Email: _____

Name: _____
Last First Middle Phone Number: (____) ____-____

Present Address: _____
Street City State Zip Code Additional Phone Number: (____) ____-____

Notify In Case of Emergency: _____
Last First Relationship Phone Number: (____) ____-____

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

If Not a U.S. Citizen, do you have the legal right to remain permanently and work in the U.S.? ☐ Yes ☐ No Immigration Number: _____

Employment Desired

Type of Work Desired	Shift
1 st Choice	
2 nd Choice	

Have you worked for this company before? ☐ Yes ☐ No
Have you ever received Unemployment Insurance? ☐ Yes ☐ No
Have you ever received Worker's Compensation? ☐ Yes ☐ No Date: ____/____/____
Have you ever received Disability Insurance? ☐ Yes ☐ No Date: ____/____/____
Are you 18 years of age or older? ☐ Yes ☐ No

Will you accept employment of 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
Grammar or Grade School					
High School					
College					
Vocational or Business					
Professional Education					
Other					

Extracurricular Activities while in School: _____

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? _____ What is Your Present Selective Service Classification? _____ 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	Date: _____ By: _____
Type	Organization or State Issued	Date Issued	Number	Date: _____ By: _____

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: _____

Applicant Statement
I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are accepted at that time. I hereby understand and acknowledge that, unless otherwise defined by applicable law; any employment relationship with the organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by the conduct unless such change is specifically acknowledge in writing by and authorized executive of this organization. In the event of employment, I understated that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, I am required to abide by all rules and regulations of the employer.

Employee Signature Title/Position Applied For Date

For Personnel Office Use
Hired ☐ Yes ☐ No Hired Date: ____/____/____ Hired By: _____ Title: _____
☐ Employee ☐ Contractor ☐ Office ☐ Field Position(s): _____