

**Pioneer Home Health Care  
Employment Application  
An Equal Opportunity Employer**

**Please Print**

\_\_\_\_\_  
Date                      Last Name                      First Name                      Middle

**Present Address**

\_\_\_\_\_  
No. & Street                      City                      State                      Zip - \_\_\_\_\_

**Permanent Address (if different from present address)**

\_\_\_\_\_  
No. & Street                      City                      State                      Zip - \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_                      (\_\_\_\_\_) \_\_\_\_\_  
Home Phone                      Cell Phone

Email Address \_\_\_\_\_

**Employment Desired**

Position applying for: \_\_\_\_\_

Are you applying for:

Regular full-time work?	Yes	No
Regular part-time work?	Yes	No
Temporary work, e.g., summer or holiday work?	Yes	No

What days and hours are you available for work?  
\_\_\_\_\_

If applying for temporary work, during what period of time will you be available?

From: \_\_\_\_\_ To: \_\_\_\_\_

Are you available for work on weekends?                      Yes      No

Would you be available to work overtime, if necessary?                      Yes      No

If hired, on what date can you start work? \_\_\_\_\_

Salary desired: \_\_\_\_\_

**Personal Information**

Have you ever applied to or worked for Pioneer Home Health Care before?                      Yes      No

If yes, when? \_\_\_\_\_

Do you have any friends or relatives working for Pioneer Home Health Care?                      Yes      No

If yes, state name(s) and relationship:

\_\_\_\_\_  
Name                      Relationship

\_\_\_\_\_  
Name                      Relationship

If hired, would you have a reliable means of transportation to and from work?                      Yes      No

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

Are you at least 18 years old? Yes No  
 (If under 18, hire is subject to verification that you are of minimum legal age.)

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? Yes No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes No

If no, describe the functions that cannot be performed.

\_\_\_\_\_

\_\_\_\_\_

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to passing skill and agility tests.)

Are you now, or have you ever been under investigation, suspended or excluded from participation in the Medicare/Medi-Cal Programs or other state and/or federal programs? Yes No

If yes, state nature of the incident, when and where incident took place and outcome.

\_\_\_\_\_

\_\_\_\_\_

Should the applicant be given a conditional offer of employment, a criminal, DMV, and social security background check will be performed.

(No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for will, however, be considered.)

Are you currently employed? Yes No

If so, may we contact your current employer? Yes No

**Education, Training and Experience**

School	Name and Address	No. of years Completed	Did you Graduate?	Degree or Diploma
<b>High School</b>	Name _____	_____	Yes No _____	_____
	Address _____			
	City _____	State _____	Zip _____ - _____	
<b>College/ University</b>	Name _____	_____	Yes No _____	_____
	Address _____			
	City _____	State _____	Zip _____ - _____	
<b>Vocational/ Business</b>	Name _____	_____	Yes No _____	_____
	Address _____			
	City _____	State _____	Zip _____ - _____	

Some of our clients do not speak English. Do you speak, write or understand any foreign languages?

Yes No

If yes, which language(s)? \_\_\_\_\_

Do you have any other experience, training, qualifications or skills, which you feel make you especially suited for work at Pioneer Home Health Care?

Yes No

If so, please explain:

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

Answer the following questions if you are applying for a professional position:

Are you licensed/certified for the job applied for?

Yes No

Name of license/certification: \_\_\_\_\_

Issuing state: \_\_\_\_\_

License/certification number \_\_\_\_\_

Has your license/certification ever been revoked or suspended?

Yes No

If yes, state reason(s), date of revocation or suspension and date of reinstatement.

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

**Employment History**

List below all present and past employment starting with your most recent employer (last ten years is sufficient). Account for all periods of unemployment. **You must complete this section even if attaching a resume.**

\_\_\_\_\_  
**Name of Employer** ( ) \_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
Type of Business Your Supervisor's Name

\_\_\_\_\_  
Address & Street City State Zip

Dates of Employment: \_\_\_\_\_  
From To

\_\_\_\_\_  
Your Position and Duties

\_\_\_\_\_  
Reason for Leaving  
May we contact this employer for a reference? Yes No

\_\_\_\_\_  
**Name of Employer** ( ) \_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
Type of Business Your Supervisor's Name

\_\_\_\_\_  
Address & Street City State Zip

Dates of Employment: \_\_\_\_\_  
From To

\_\_\_\_\_  
Your Position and Duties

\_\_\_\_\_  
Reason for Leaving  
May we contact this employer for a reference? Yes No

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

**Employment History, continued:**

\_\_\_\_\_  
**Name of Employer** ( ) Telephone No.

\_\_\_\_\_  
Type of Business Your Supervisor's Name

\_\_\_\_\_  
Address & Street City State Zip

\_\_\_\_\_  
Dates of Employment: From To

\_\_\_\_\_  
Your Position and Duties

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

\_\_\_\_\_  
May we contact this employer for a reference? Yes No

\_\_\_\_\_  
**Name of Employer** ( ) Telephone No.

\_\_\_\_\_  
Type of Business Your Supervisor's Name

\_\_\_\_\_  
Address & Street City State Zip

\_\_\_\_\_  
Dates of Employment: From To

\_\_\_\_\_  
Your Position and Duties

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

\_\_\_\_\_  
May we contact this employer for a reference? Yes No

**Note: Attach additional page(s) if necessary.**

**Military Service**

\_\_\_\_\_  
Have you obtained any special skills or abilities as the result of service in the military? Yes No

\_\_\_\_\_  
If so, describe:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**References**

List below three persons not related to you who have knowledge of your work performance within the last three years.

\_\_\_\_\_  
**First Name** Last Name ( ) Telephone No.

\_\_\_\_\_  
Address & Street City State Zip

\_\_\_\_\_  
Occupation No. of Years Acquainted

\_\_\_\_\_  
**First Name** Last Name ( ) Telephone No.

\_\_\_\_\_  
Address & Street City State Zip

\_\_\_\_\_  
Occupation No. of Years Acquainted

References, continued:

_____	_____	( ) _____
First Name	Last Name	Telephone No.
_____		_____
Address & Street	City	State    Zip
_____	_____	
Occupation	No. of Years Acquainted	

Please Read Carefully, Initial Each Paragraph and Sign Below

\_\_\_\_\_ I hereby certify, under penalty of perjury, that I have not knowingly withheld any information that might adversely  
Initials affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_ I understand that it is my responsibility to notify the Agency in writing if an investigation begins or if I become  
Initials suspended or excluded from participation in the Medicare/Medi-Cal Programs or other state/federal programs.

\_\_\_\_\_ I hereby authorize the Agency to thoroughly investigate my references, work record, education and other matters  
Initials related to my suitability for employment and, further, authorize the references I have listed to disclose to the Agency any and all letters, reports and other information related to my work records. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_ I understand that nothing contained in the application, or conveyed during any interview which may  
Initials be granted or during my employment, if hired, is intended to create an employment contract between me and the Agency. In addition, I expressly agree and understand that, if employed, my employment, having no specific term, is based upon mutual consent and may be terminated at will, with or without cause or notice, by either party (the company or me). I also understand that this aspect of my employment, which includes the Agency's right to demote or otherwise discipline with or without cause or notice, may not be changed, modified, amended or rescinded except by an individual written agreement signed by both me and the administrator of the agency.

\_\_\_\_\_ I understand that any offer of employment regarding certain job positions may be conditioned upon satisfactory  
Initials completion of a medical examination and/or a drug and alcohol screen. I agree to sign a release of medical information authorization form and to submit to a medical examination and/or drug and alcohol screen should the Agency condition my offer of employment upon successful completion of such an examination or screening.

\_\_\_\_\_ I understand that a consumer report or an investigative consumer report may be obtained from a Consumer  
Initials Reporting Agency for the purpose of evaluating you for employment, promotion, reassignment or retention as an employee. This report may contain information bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living from public record sources or through personal interviews with your neighbors, friends or associates. You may also have a right to request additional disclosures regarding the nature and scope of the investigation.

\_\_\_\_\_ I will inform the Agency in writing if I come under investigation for alleged fraud and abuse or if I am suspended or  
Initials excluded from participation in the Medicare/Medicaid Programs or other state or federal programs.

\_\_\_\_\_ I acknowledge that I have read all of the above statements and that I understand them. In addition, the statements  
Initials above supersede and replace any prior understandings or discussions I have had with the Agency and set forth the complete agreement between me and the Agency regarding these matters.

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant's Signature