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[www.healthwisehomecaresolutions.com](http://www.healthwisehomecaresolutions.com)

**APPLICATION FOR EMPLOYMENT**

BACKGROUND CHECKS	DRUG SCREENING
<p><b>Healthwise is concerned about violence in the workplace, falsified employment applications, and employee theft. We will conduct a full background check on all candidates for employment.</b></p> <p><b>PLEASE COMPLETE AND SIGN THE SEPARATE AUTHORIZATION FORM</b></p>	<p><b>Healthwise is committed to maintaining a DRUG-FREE workplace.</b></p> <p><b>All offers of employment are contingent upon Successful completion of pre-employment drug screen.</b></p>

Thank you for considering employment with Healthwise Home Care Solutions, Inc. We appreciate the time and consideration you are making to complete this application. It is important that you fully and accurately complete this application yourself and indicate the position(s) you are applying for. Please complete this application thoroughly, as we use a sophisticated and detailed background and employment screening process that will disclose inaccurate, false, incomplete and/or omitted information. This application will remain on file for 90 days, after which time you should resubmit a new application if you are interested in a position with our company.

**The following must be filled out completely for your application to be considered.**

(Please Print)

**PERSONAL INFORMATION**

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

Driver License Number \_\_\_\_\_ State Issued \_\_\_\_\_

Home Telephone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ Bus. Telephone ( ) \_\_\_\_\_

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

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address (if different than above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Please list the cities and corresponding state in which you have lived during the past 7 years:

\_\_\_\_\_

For identification purposes, please provide: Month of Birth \_\_\_\_\_ (Jan-Dec.) Day of Birth \_\_\_\_\_ (1-31)  
 (Please do not state year of birth)

Have you used any name(s) other than that noted above? \_\_\_\_\_yes \_\_\_\_\_no

Please list other name(s) used \_\_\_\_\_

Are you at least 18 years old? \_\_\_\_\_yes \_\_\_\_\_no  
 (If under 18 years of age, proof of minimum legal working age will be required if you are hired.)

Are you legally authorized to work in the USA? \_\_\_\_\_yes \_\_\_\_\_no  
 (Should you become employed Healthwise Home Care Solutions, Inc. you will be required to provide documentation proving your eligibility to work in the USA)

**EMPLOYMENT INFORMATION**

Position Desired \_\_\_\_\_

Are you applying for full-time work?  yes  no

Are you applying for part-time work?  yes  no

Are you applying for per diem work?  yes  no

Are you applying for temporary work (e.g.summer or holiday)?  yes  no

What days and hours are you available to work?

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
To							
From							

Are you available to work on weekends?  yes  no

Are you available to work overtime, if necessary?  yes  no

If hire, when can you start work? \_\_\_\_\_

Salary desired? \_\_\_\_\_

Have you ever applied or worked for our company before?  yes  no

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

Do you have any friends or relatives working for our company?  yes  no

If yes, list name(s) and corresponding relationship: \_\_\_\_\_

Do you have any commitment to another entity or person that might affect your employment with our company?  yes  no

If yes, please explain \_\_\_\_\_

**EDUCATION, TRAINING AND SKILLS**

High School: Name \_\_\_\_\_ City/State \_\_\_\_\_ Phone# \_\_\_\_\_

Did you graduate?  yes  no Degree/ Diploma Attempted/Earned \_\_\_\_\_ Years Completed \_\_\_\_\_

College/University: Name \_\_\_\_\_ City/State \_\_\_\_\_ Phone# \_\_\_\_\_

Did you graduate?  yes  no Degree/Diploma Attempted/Earned \_\_\_\_\_ Years Completed \_\_\_\_\_

Vocational School: Name \_\_\_\_\_ City/State \_\_\_\_\_ Phone# \_\_\_\_\_

Did you graduate?  yes  no Degree/Diploma Attempted/Earned \_\_\_\_\_ Years Completed \_\_\_\_\_

Health Care: Name \_\_\_\_\_ City/State \_\_\_\_\_ Phone# \_\_\_\_\_

Did you graduate?  yes  no Degree/Diploma Attempted/Earned \_\_\_\_\_ Years Completed \_\_\_\_\_

Graduate School: Name \_\_\_\_\_ City/State \_\_\_\_\_ Phone# \_\_\_\_\_

Did you graduate?  yes  no Degree/Diploma Attempted/Earned \_\_\_\_\_ Years Completed \_\_\_\_\_

Please answer the following with regard to our specific skills:

Typing Speed: \_\_\_\_\_ WPM                      Spread Sheet:  yes  no                      Database Programs:  yes  no

Ten Key:  yes  no                      Graphics:  yes  no                      Internet Research Skills:  yes  no

List any computer programs and/or internet search engines with which you are familiar:

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Please list any foreign languages you speak, read, write, and/or understand:

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Please describe any other experience, training, qualifications, and/or skills that make you especially suited to work at our company:

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**EMPLOYMENT HISTORY**

Are you presently employed: \_\_\_yes \_\_\_no

If yes, may we contact your present employer? \_\_\_yes \_\_\_no

Please provide complete and accurate account of your employment history by listing all present and previous employers within the last ten years, beginning with your most recent employer. Please note this section must be completed even if attaching a resume. Please attach any additional pages if needed.

(1)  
Company Name \_\_\_\_\_ Type of Business \_\_\_\_\_  
City/State \_\_\_\_\_ Company Telephone ( ) \_\_\_\_\_  
Supervisor Name/Title \_\_\_\_\_  
Date of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Job Title \_\_\_\_\_

Please describe both your position and key responsibilities:

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Earnings: Starting \_\_\_\_\_ Ending \_\_\_\_\_

Was your termination voluntary or involuntary? \_\_\_\_\_

Please describe the exact reason for your termination: \_\_\_\_\_

(2)  
Company Name \_\_\_\_\_ Type of Business \_\_\_\_\_  
City/State \_\_\_\_\_ Company Telephone ( ) \_\_\_\_\_  
Supervisor Name/Title \_\_\_\_\_

Date of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Job Title \_\_\_\_\_

Please describe both your position and key responsibilities:

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Earnings: Starting \_\_\_\_\_ Ending \_\_\_\_\_

Was your termination voluntary or involuntary? \_\_\_\_\_

Please describe the exact reason for your termination: \_\_\_\_\_

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(3)  
Company Name \_\_\_\_\_ Type of Business \_\_\_\_\_

City/State \_\_\_\_\_ Company Telephone ( ) \_\_\_\_\_

Supervisor Name/Title \_\_\_\_\_

Date of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Job Title \_\_\_\_\_

Please describe both your position and key responsibilities:

\_\_\_\_\_

Earnings: Starting \_\_\_\_\_ Ending \_\_\_\_\_

Was your termination voluntary or involuntary? \_\_\_\_\_

Please describe the exact reason for your termination: \_\_\_\_\_

(4)  
Company Name \_\_\_\_\_ Type of Business \_\_\_\_\_

City/State \_\_\_\_\_ Company Telephone ( ) \_\_\_\_\_

Supervisor Name/Title \_\_\_\_\_

Date of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Job Title \_\_\_\_\_

Please describe both your position and key responsibilities:

\_\_\_\_\_

Earnings: Starting \_\_\_\_\_ Ending \_\_\_\_\_

Was your termination voluntary or involuntary? \_\_\_\_\_

Please describe the exact reason for your termination: \_\_\_\_\_

Have you ever been involuntarily terminated or asked to resign from a job? \_\_\_\_\_yes \_\_\_\_\_no

If yes, please explain: \_\_\_\_\_

How were you referred to Healthwise? \_\_\_Ad \_\_\_Walk in \_\_\_Employee \_\_\_Other \_\_\_\_\_

Please describe why you would like a position with Healthwise:

\_\_\_\_\_

\_\_\_\_\_

### **UNEMPLOYMENT HISTORY**

Please account for all times of unemployment during the last ten years, after completing school, by listing both the exact period(s) of time and the corresponding reasons for unemployment. Please do not include periods of unemployment for one month or less.

\_\_\_\_\_

\_\_\_\_\_

**PROFESSIONAL REFERENCES**

List below three persons not related to you, from either business or academic settings, who have knowledge of your professional performance abilities within the last three years.

(1)  
Reference Name \_\_\_\_\_ Relationship \_\_\_\_\_ Years Known \_\_\_\_\_

Company/Institution Name \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

(2)  
Reference Name \_\_\_\_\_ Relationship \_\_\_\_\_ Years Known \_\_\_\_\_

Company/Institution Name \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

(3)  
Reference Name \_\_\_\_\_ Relationship \_\_\_\_\_ Years Known \_\_\_\_\_

Company/Institution Name \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

**LICENSE INFORMATION**

Are you licensed/certified for the job applied for? \_\_\_\_\_n/a \_\_\_\_\_yes \_\_\_\_\_no

Name of license/certificate \_\_\_\_\_ Issuing State \_\_\_\_\_

License/certificate# \_\_\_\_\_

Has your license/certificate ever been revoked or suspended? \_\_\_\_\_yes \_\_\_\_\_no

If yes, date of revocation \_\_\_\_\_ Date it was reinstated \_\_\_\_\_

**MILITARY SERVICE**

Branch of service \_\_\_\_\_

Dates of enlistment: From \_\_\_\_\_ To \_\_\_\_\_ Rank Attained \_\_\_\_\_

Are you presently a member in the National Guard or Reserves? \_\_\_\_\_yes \_\_\_\_\_no

If yes, list the date your obligation ends \_\_\_\_\_

Please describe any special skills you have obtained as a result of your service in the military:

\_\_\_\_\_

Were you honorably discharged? \_\_\_\_\_yes \_\_\_\_\_no

**ATTENDANCE HISTORY**

Is there any reason you would not be able to fully conform to all attendance requirements? \_\_\_\_\_yes \_\_\_\_\_no

**CRIMINAL HISTORY**

Please respond to the following questions in the most complete and accurate manner possible. This does not apply if there was a juvenile conviction. Do not identify convictions for which the criminal record has been expunged or sealed by the court, or, misdemeanor convictions for which any probation has been completed and the case dismissed by the court. Furthermore, please note that no applicant will be denied employment solely on the grounds they have been charged, committed, or convicted of (or pleaded guilty or no contest to) a criminal offense; or, solely on an affirmative answer. The nature, date surrounding circumstances, and relevance of the offense to the position(s) applied will be considered.

**STATE SPECIFIC REQUIREMENT**

- CA Do not provide any information concerning:
- (1) Any conviction for which the record has been judicially ordered sealed, expunged or statutorily eradicated; or,
  - (2) Any misdemeanor conviction for which probation has been completed or discharged and the Case has been judicially dismissed; or,
  - (3) Any marijuana conviction which is more than two years old from the date of this application.

Have you ever, under your name or another name, been convicted of (or pleaded guilty or no contest to) a felony or misdemeanor? \_\_\_yes \_\_\_no

Have you ever, under your name or another name, been convicted of a crime which resulted in your being in prison and/or jail and released from prison and/or jail or paroled? \_\_\_yes \_\_\_no

If yes to either question noted above, please fully explain when, where and of what you were convicted and the result of the case(s):  
\_\_\_\_\_

Are you currently under arrest, or released on bond on your own recognizance, pending trial for a criminal offense? \_\_\_yes \_\_\_no

If yes, state the nature of the crime charged and when and where the trial is pending:  
\_\_\_\_\_

Have you used illegal drugs in the last six months? \_\_\_yes \_\_\_no

Do you take an illegal drugs or medications which have not been prescribed to you? \_\_\_yes \_\_\_no

If yes to either of the above questions, when was the last time you used illegal drugs? \_\_\_\_\_

Please explain: \_\_\_\_\_

Have you ever been convicted of driving under the influence (DUI)? \_\_\_yes \_\_\_no

Do you use alcohol to the extent that it would impair your job performance? \_\_\_yes \_\_\_no

Are you able to perform the essential functions of the job you are applying for: \_\_\_yes \_\_\_no

If no, describe the functions that cannot be performed: \_\_\_\_\_

**THIS SECTION IS FOR EMPLOYMENT WITHIN THE HEALTH CARE INDUSTRY IN CALIFORNIA**

Please answer the following only if:

1. The position for which you are applying will provide you access to patients.  
Have you ever been arrested for a sex related crime? \_\_\_Yes \_\_\_No  
Please explain: \_\_\_\_\_  
\_\_\_\_\_
2. The position for which you are applying will provide you access to drugs or medications.  
Have you ever been arrested for a drug related crime? \_\_\_Yes \_\_\_No  
Please explain: \_\_\_\_\_  
\_\_\_\_\_

Thank you for completing this application. If there is a current opening for the position(s) you are seeking, and the information in your application suggests you meet minimum qualifications and are among the best qualified candidates for that position, you may be contacted for an interview. If you are interviewed, you will be informed of a final decision once the entire interview process is completed, which includes a complete background check and pre-employment drug test. If there is no opening for the position(s) you are seeking, your application will be kept active for 90 days. If you wish to be considered for employment after that time, you must reapply. Thank you for your interest in our company.

**AUTHORIZATION**

I authorize Healthwise Home Care Solutions, Inc. to obtain any relevant information (including extensive local and national criminal background checks, social security verification, credit history, and motor vehicle investigations) needed to make an employment decision) I authorize Healthwise Home Care Solutions, Inc. to disclose this application along with any information about me obtained through reference checks or during the course of the interview process for State, Federal, contractual, or accreditation audit purposes. I also authorize Healthwise Home Care Solutions, Inc. to disclose any of my performance appraisals, disciplinary records, or skills tests for the same purposes as above. I release Healthwise Home Care Solutions, Inc. from any individual or entity providing information to Healthwise Home Care Solutions, Inc. from all liability for any damages from the disclosure of the information.

I understand and agree that nothing contained in this employment application or in granting an interview, creates an employment contract between Healthwise Home Care Solutions, Inc. and me for either employment or for the providing of any benefits. No promises regarding employment have been made to me. If I am offered employment, I understand it is conditional upon a clear criminal background check and that employment can be terminated "at will." I have a right to terminate my employment at any time and Healthwise Home Care Solutions, Inc. also retains a similar right to terminate my employment at any time.

I understand that should I become employed by Healthwise Home Care Solutions, Inc., my work assignments, schedules, and work locations are subject to change according to the needs of the business and the clients Healthwise Home Care Solutions, Inc.

I certify the facts contained in this application are true and complete to the best of my knowledge and understand if employed, falsified statements on this application shall be considered grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed to you, any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

**I certify that all of the information provided on this application is true and accurate:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

*Healthwise Home Care Solutions, Inc. is an equal opportunity employer. It is the policy of this company to consider all applications on the basis of merit without regard to race, color, religion, sex, pregnancy, age, national origin, ancestry, marital status, disability, medical condition, sexual orientation, or any other protected characteristic.*