

CARE WORLD INC.

16200 Ventura Blvd. Ste. 224

Encino, CA 91436

EMPLOYMENT APPLICATION

Please complete this application as completely and accurately as possible.

PERSONAL INFORMATION

Date: _____

NAME: Last First Middle Social Security Number

ADDRESS: Street Home Tel. Number

City State Zip Code Cell Phone Number

/ / Date of Birth Height Weight Email address (Please PRINT LEGIBLY)

Facebook Link: _____ Twitter: _____

Are you a US Citizen? Yes No If no, do you have the legal right and necessary documents to work in the US?
Yes No

(Identity and employment eligibility will be verified as required by law.)

EMPLOYMENT INFORMATION

Position Desired _____ Hourly Live-in Shift Preference _____

Salary Requirement _____ Date available for work _____

Do you possess a valid driver's license? Yes No Driver's License # _____

Do you have your own transportation? Yes No If no, how will you commute to work? _____

How did you hear about us? Classified ad Where did you see the ad? _____

Current employee Name _____ Internet Other _____

QUALIFICATIONS & EXPERIENCE

Education: High School _____ Did you graduate? Yes No Year _____

College/Univ _____ Yes No _____

College Degree _____

Technical Training _____ Yes No _____

Languages spoken in addition to English: _____

Do you have current CPR certification? Yes No Expiration date: _____

Check any experience in any of the following:

- | | | |
|---|---|--|
| <input type="checkbox"/> Alzheimer's | <input type="checkbox"/> Cooking American food | <input type="checkbox"/> Kosher food |
| <input type="checkbox"/> Hip surgery/Injured patients | <input type="checkbox"/> Patients in wheelchair | <input type="checkbox"/> Hoyer Lift |
| <input type="checkbox"/> Patient who require lifting | <input type="checkbox"/> Diabetic patients | <input type="checkbox"/> Insulin shots |
| <input type="checkbox"/> G-Tube | <input type="checkbox"/> Tracheostomy | <input type="checkbox"/> Colostomy bag |
| <input type="checkbox"/> Foley Catheter | <input type="checkbox"/> Suprapubic catheter | <input type="checkbox"/> Others, pls specify _____ |

Updated Nov. '10 /an

PAST & PRESENT EMPLOYERS:

Current (Agency) Employer:

Name _____ Phone _____
Address _____ Position _____
_____ ZIP _____ Date Started _____
May we contact? ___ Yes ___ No Salary _____ Supervisor _____

Past Employers:

Name _____ Phone _____
Address _____ Position _____
_____ ZIP _____ Date Started _____
May we contact? ___ Yes ___ No Salary _____ Supervisor _____

Date Started _____ Date Ended _____ Reason For Leaving _____

Name _____ Phone _____
Address _____ Position _____
_____ ZIP _____ Date Started _____
May we contact? ___ Yes ___ No Salary _____ Supervisor _____

Date Started _____ Date Ended _____ Reason For Leaving _____

Previous Addresses:

Philippines: _____ US / Other: _____

Criminal Background Inquiry

Have you ever been convicted of a crime, other than a minor traffic offense, or pled no contest to a crime?
___ Yes ___ No **If Yes, Please Explain** _____
(You will not be denied employment solely because of a record, unless the offense is related to the work or which you applied for.)

Emergency Contact

Name _____ Home # _____ Work # _____
Address _____ Relationship _____

"I certify that the facts in this application are true and complete and to the best of my knowledge and I understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references listed above to give you any and all information they may have, personal or otherwise, and release all parties from liability for damage that may result from furnishing same to you."

Signature _____ Date _____

Employment Agreement

I, _____, understand that in signing a contract with AAA Attendant Care Agency Corporation accept all responsibilities as a self-employed private contractor. I will not at anytime hold the Agency, Hospital, Patient, Family of the Patient or Agent of the Patient, responsible in any way for my action. I further understand that I am solely responsible for reporting all of my income to I. R. S and Franchise Tax Board.

I also agree not to be privately employed or encourage the agency's client to directly hire my services.

I agree to indemnify the agency the amount of US \$1,500.00 should the agency lose a client because I have encourage the said client to directly hire my services.

I further agree that all disputes or cases arising from civil or criminal liability shall be in Los Angeles County.

I have read the foregoing and understand that I am giving permission to write to, or speak to my former employers for employment references purposes.

Applicant's Printed Name

Date

Applicant's Signature