

# L.A. METROPOLITAN HOME HEALTH

## EMPLOYMENT APPLICATION

APPLICANT INFORMATION						
<b>Position Applied for:</b>	Time	<input type="checkbox"/> Full Time <input type="checkbox"/> Part		Date		
Last Name	First	M.I.	SS#	DOB:		
Street Address				Apartment/Unit #		
City		State		ZIP		
Phone		E-mail Address				
Date Available				Desired Salary		
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?			
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain			

EDUCATION						
High School			Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
College			Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
Other			Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	

PREVIOUS EMPLOYMENT						
Company			Phone	(    )		
Address			Supervisor			
Job Title		Starting Salary \$		Ending Salary \$		
Responsibilities						
From	To	Reason for Leaving				
May we contact your previous supervisor for a reference?			YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Company			Phone	(    )		
Address			Supervisor			
Job Title		Starting Salary \$		Ending Salary \$		
Responsibilities						
From	To	Reason for Leaving				
May we contact your previous supervisor for a reference?			YES <input type="checkbox"/>	NO <input type="checkbox"/>		

PREVIOUS EMPLOYMENT			
Company		Phone	(    )
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?      YES <input type="checkbox"/> NO <input type="checkbox"/>			

EMERGENCY CONTACT	
Name of Contact	Phone Number
Relationship to Contact	

DISCLAIMER AND SIGNATURE	
<p>I understand and agree that: The information supplied, was submitted by myself, and all information is true and correct, to the best of my knowledge. I understand that false or misleading information given in my application and/or interview(s) will be considered as cause for possible dismissal and/or discharge. I also understand that I am to abide by all rules and regulations of the company.</p> <p>The company has my authorization to thoroughly investigate my work and personal history. I understand that the information supplied by me, regarding my: Employment History, Education (including an authorization to release transcripts), Credit History, Criminal History, Medical and Professional Licensing, Motor Vehicle Record(s), Residence History, and References, will be utilized as part of the processing procedures.</p> <p>A background check will be conducted to verify the veracity of the information submitted and will be utilized to develop information concerning my character, general reputation, personal characteristics, and mode of living. I will hold no person liable for giving or receiving information in this investigation.</p> <p>I hereby authorize <b>SentryLink LLC</b>, an agent of <b>L.A. Metropolitan Home Health</b> to make a thorough check of my past Employment, Education, and activities.</p> <p>I release from liability all persons, companies, and corporations supplying that information.</p> <p>I release and indemnify <b>L.A. Metropolitan Home Health</b> and <b>SentryLink LLC</b> against any liability that might result from making such background checks. A copy of this form is as valid as the original.</p>	
Signature	Date

**AT WILL EMPLOYMENT CLAUSE:**

**In consideration of employer entering into this agreement, employee agrees to conform to the policies and rules of employer in effect from time to time. Each party to this agreement also agrees that employee's employment and compensation can be terminated, with or without cause, and without prior notice, at any time, at the option of either employee or employer.**