



# Home Health of St. Camillus

To whom it may concern,

Please submit Employment Application with the following requirements:

1. Professional License
2. Diploma
3. Ca Driver's License
4. Social Security Card
5. CPR card
6. Auto Insurance coverage (for field staff only)
7. Completed physical form or note from a physician regarding Health Status
8. Immunization
9. PPD (chest xray if PPD positive)
10. Professional Liability Insurance- for contracted applicants
11. Covid vaccine proof & other immunizations

You may mail or fax requirements to our office.

Please feel free to contact us at (925) 392-8078 should you have any questions.

Thank you.

Sincerely,

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Ma Cristina Real, BSN, RN  
Human Resource Manager

Home Health of St. Camillus  
50 Sand Creek Rd. Suite 236 Brentwood Ca 94513  
Tel # : 925- 392-8078 /Fax # 925-392-8063  
info@hhstcamillus.org / www.hhstcamillus.org

# EMPLOYMENT APPLICATION

All prospective employees will receive consideration without discrimination because of race, color, creed, age, natural origin or handicap. All information provided herein will be kept confidential.

## PERSONAL

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

\_\_\_\_\_  
Street Address                      Home Phone

\_\_\_\_\_  
City, State, Zip Code                      Business Phone

Emergency contact (person not living with you) \_\_\_\_\_

Have you ever applied for employment with this Agency?    \_\_\_\_\_ Yes    \_\_\_\_\_ No

How many hours a week are you available for work? \_\_\_\_\_

Are you legally eligible for employment in the United States? \_\_\_\_\_ Yes    \_\_\_\_\_ No

How did you learn of our organization?    \_ Online Ad    \_\_\_\_\_ Agency employee    \_\_\_\_ Other

Are you willing to work:    \_\_\_\_\_ Evenings?                      \_\_\_\_\_ Weekends?

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

**EDUCATION:**

**School Name                      Location of School                      Course of Study                      Degree / Diploma**

**College:**

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

**Vo-Tech or Trade:**

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

**High School:**

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

**Other:**

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

**Employment:**

**-List the last five years employment history, starting with the most recent employer.**

1. Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

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

Starting Pay \_\_\_\_\_

City                      State                      Zip Code

Job Title and Describe your work: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

2. Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

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

Starting Pay: \_\_\_\_\_

City                      State                      Zip Code

Job Title and Describe your work: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

3. Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

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

Starting Pay \_\_\_\_\_

City                      State                      Zip Code

Job Title and Describe your work: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Was your last name different from your present name during the above listed jobs?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what was your name? \_\_\_\_\_

Are you currently employed? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have reliable transportation? Yes \_\_\_\_\_ No \_\_\_\_\_

**PROFESSIONAL REFERENCES**

Persons who can furnish information about job performance

1. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Fax: \_\_\_\_\_

Address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Fax: \_\_\_\_\_

Address: \_\_\_\_\_

3. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Fax: \_\_\_\_\_

Address: \_\_\_\_\_

**GENERAL**

Have you ever been convicted of a crime in the past 5 years, barring employment in a Home Care and community support Agency? Yes \_\_\_\_\_ No \_\_\_\_\_

Conviction will not necessarily disqualify an applicant from employment.

If yes, describe in full: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you capable of performing the job set forth in the job description? Yes \_\_\_ No \_\_\_  
If you answered No, which job requirement can you not meet? \_\_\_\_\_

\_\_\_\_\_

**CREDENTIALS/SPECIALIZED SKILLS & QUALIFICATIONS/EQUIPMENT OPERATED**

List all states in which licensed giving registration and expiration date. Summarize special job-related skills and qualification acquired from employment or other experience.

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I certify that the facts contained in this application are true and complete to the best of my knowledge and understand, that, if employed, falsified statements on this application SHALL BE GROUNDS FOR DISMISSAL

I Authorize complete investigation of all statements contained herein and hereby give my full permission for the Agency to contact and fully discuss my background and history with all persons and entities listed above to give the Agency any and all information concerning my previous employment and any information they may have, and release all former employees and others listed above from all liability for any damage that may result from furnishing the same to the Agency.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time for any lawful reason, without prior notice and with or without cause.

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 shall inquire as to whether or not applications are being accepted at that time.

**DATE:** \_\_\_\_\_ **SIGNATURE** \_\_\_\_\_

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