



Pre-Employment Application

Pacific Care Center is an equal opportunity employer and will consider all applicants for all positions without regard to race, sex, color, religion, nationality, veteran status or any disability as provided in the American for Disabilities Act.

This application will be given every consideration, but its receipt does not imply that the applicant will be employed. Each question should be answered in a complete and accurate manner as no actions can be taken on this application until all questions have been answered.

PERSONAL INFORMATION

DATE

Name _____	Home Telephone # (_____) _____ - _____
Address _____	Apt # _____
City _____	State _____ Zip _____
Work Telephone # (_____) _____ - _____	Mobile Telephone # (_____) _____ - _____
Email Address _____	
Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a citizen of the U.S. or do you have the legal right to be employed in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been convicted of any crime, including DWI (excluding minor traffic violations)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If YES, state the offense, location and disposition (A conviction will not necessarily disqualify you from employment)	

Do you have the ability, with or without reasonable accommodations to work overtime or to travel if and/or overtime are required for the job for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If NO, please explain: _____	
Driver's License: State _____ Type _____ Valid <input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYMENT DESIRED

Are you seeking <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary/Seasonal	
Position applied for _____	Date available to start _____ / _____ / _____
Have you ever applied at Pacific Care Center before? <input type="checkbox"/> Yes <input type="checkbox"/> No	When _____ / _____ / _____
Have you ever worked for Pacific Care Center before? <input type="checkbox"/> Yes <input type="checkbox"/> No	When _____ / _____ / _____
Are you now or do you expect to be working in any other job simultaneously? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there days/hours that you would be unwilling to work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you answered YES to the above question, please describe _____	

WORK HISTORY

List the names of employers in consecutive order with the present or last employer listed first.
Account for all periods of time including military service and any periods of unemployment.
If self-employed, give name and supply business references.

PLEASE GIVE MONTH AND YEAR

DO NOT REFERENCE YOUR RESUME

Employer _____ Phone # (_____) _____ - _____ Address _____ City _____ State _____ Zip _____ Supervisor's Name _____ Title _____ Dates Employed: From ____ / ____ / ____ to ____ / ____ / ____ Pay: Start \$ _____ to \$ _____ Job Title _____ Reason for Leaving _____ Duties _____ _____
Employer _____ Phone # (_____) _____ - _____ Address _____ City _____ State _____ Zip _____ Supervisor's Name _____ Title _____ Dates Employed: From ____ / ____ / ____ to ____ / ____ / ____ Pay: Start \$ _____ to \$ _____ Job Title _____ Reason for Leaving _____ Duties _____ _____
Employer _____ Phone # (_____) _____ - _____ Address _____ City _____ State _____ Zip _____ Supervisor's Name _____ Title _____ Dates Employed: From ____ / ____ / ____ to ____ / ____ / ____ Pay: Start \$ _____ to \$ _____ Job Title _____ Reason for Leaving _____ Duties _____ _____
Employer _____ Phone # (_____) _____ - _____ Address _____ City _____ State _____ Zip _____ Supervisor's Name _____ Title _____ Dates Employed: From ____ / ____ / ____ to ____ / ____ / ____ Pay: Start \$ _____ to \$ _____ Job Title _____ Reason for Leaving _____ Duties _____ _____

EDUCATION

High School _____	Attended from	___ / ___ / ___	to	___ / ___ / ___
Address _____	City _____	State _____	Zip _____	
Graduated	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Diploma/Degree _____	
College _____	Attended from	___ / ___ / ___	to	___ / ___ / ___
Address _____	City _____	State _____	Zip _____	
Graduated	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Diploma/Degree _____	
Trade School _____	Attended from	___ / ___ / ___	to	___ / ___ / ___
Address _____	City _____	State _____	Zip _____	
Graduated	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Diploma/Degree _____	
If you did not graduate, why did you leave high school or college? _____				
Are you planning to pursue further studies? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, when, where and what courses? _____				

List any scholastic honors, office held and activities involved in during high school and/or college _____				

List and describe any other schooling and/or specialized training _____				

CAPABILITIES/RELIABILITY

Would you be willing and able to perform all the tasks required by the job for which you are applying?
<input type="checkbox"/> Yes <input type="checkbox"/> No If NO, please explain _____
Have you ever filed a fraudulent claim against any of your past or present employers? <input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, please explain _____
Would you abide by the safety rules of Pacific Care Center? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been disciplined for violating the safety rules or regulations of a company? <input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, please explain _____
How many days of work have you missed in the last 2 years? _____
Would you be willing and able to report on time every day on a regular and consistent basis? <input type="checkbox"/> Yes <input type="checkbox"/> No
If NO, please explain _____

EMPLOYMENT INFORMATION

Do you have any relatives who are currently employed at Pacific Care Center? <input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, give the name(s) of the person(s) _____
Do you have any relatives previously employed at Pacific Care Center? <input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, please give the name(s) of the person(s) _____
Do you know anyone currently employed at Pacific Care Center? <input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, please give the name(s) of the person(s) _____
Do you know anyone previously employed at Pacific Care Center? <input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, please give the name(s) of the person(s) _____

Any falsification of the above will be grounds for termination.

Applicant's Signature _____ Date _____

Signature not required if submitted via email.

Email to: missy@pacificcarecenter.net or emily@pacificcarecenter.net