



# EMPLOYMENT APPLICATION



Please print and complete all information requested  
All applicants may be tested for illegal drugs

Name: Last		First	Middle	Driver's License No.	Social Security No.	
Home: Address: Street			City	State	Zip	
Mailing Address: Street			City	State	Zip	
Email:			Home Phone		Cell Phone	
Position Applying For:		Specialty		Salary		Available Date
<b>Availability</b> (mark all your choices)						
Mon 0	Tues 0	Wed 0	Thu 0	Fri 0	Sat 0	Sun 0
Shift: 7a			3-11	7p	11p	live-in
0			0	0	0	0
live-out			24hrs	Full time		Part Time
0			0	0		0
<b>Education and Training</b>						
High School		City		Highest grade		Diploma
Trade School		City		Years completed		Diploma
College		City		Major		Degree
University		City		Major		Degree
<b>Work experience</b> (Please list your work experience for the past 5 years beginning with the most recent)						
<b>Job #1</b>						
Employer's Name			Supervisor's Name:			
Employer's Address			City	State	Zip	
Employer's phone#	Your Job title:		Employment dates:			
			From:		To:	
Reason for leaving:			Salary:		Ending:	
			Start:		Ending:	
Duties:						
<b>Job#2</b>						
Employer's Name			Supervisor's Name:			
Employer's Address			City	State	Zip	
Employers Phone No.	Your Job Title		Employment Dates:			
			From:		To:	
Reason for leaving			Salary:		Ending:	
			Start:		Ending:	
Duties						



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<b>Job#3</b>			
Employer's name		Supervisor's name	
Employers address		City	State Zip
Employer's phone No:	Your Job Title	Employment dates From:	To:
Reason for leaving:		Salary: Start:	Ending:
Duties:			
Can we contact your employers: yes/no	Did you complete the application yourself: yes/no	List languages you speak other than English.	

## Reference (please provide 2 references other than relatives or past employers)

<b>Reference#1</b>			
Name:		Phone	Email:
Address:		City	State Zip
<b>Reference#2</b>			
Name		Phone	Email
Address		City	State Zip

## Background

Yes	No	Please answer all questions and provide an explanation for any yes answer.
		Have you ever been convicted of a crime?
		Have you ever used drugs not prescribed by a doctor for medication purposes?
		Do you have any moving violations over the past 3 years?
		Have you ever served in the US military forces?
		Have you ever filed bankruptcy?

Please explain all Yes answers:

Driver's license#	State	Yrs Lic'd	Are you a USA citizen: Yes/no, if no, enter: Alien registration# _____	Can you travel to work: (mark all that applies) O Local O Out of area O State O Country
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## Additional Comments


## APPLICATION FORM WAIVER



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In exchange for the consideration of my job application by AACE Homecare, Inc; (hereinafter referred to as "AACE"), I agree that: Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other business practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of AACE., or otherwise to change in any respect the employment-at-will relationship between AACE and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of AACE. Both the undersigned and AACE., may end the employment relationship at any time, without specified notice or cause. If employed, I understand that AACE may unilaterally change or revise its benefits, policies and procedures and such changes may include reduction in benefits at any time without my consent. All changes will be posted and take effect as mandated solely by AACE.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the AACE permission to contact schools, previous employers, references, and others, and hereby release AACE from any liability as a result of such contact.

I also understand that (1) that AACE has a drug and alcohol policy that provides for pre-employment testing as well as testing during employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment are based on the successful passing of testing under such policy. I further understand that continued employment will be based on the successful passing of job-related physical examinations. I understand that, in connection with the routine processing of my employment application, AACE may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, AACE, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act. I further understand that my employment shall be probationary for a period of ninety (90) days, and further, that at any time during the probationary period or thereafter, the employment relation with AACE can be terminated at will for any reason by either party.

Name of Applicant: (print)	Signature of Applicant	Date:
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AACE is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with us is based solely on your qualifications and availabilities.

Completed applications can be sent to: (one of the following)

Email: [info@acehomecare.com](mailto:info@acehomecare.com) OR

Fax: 1-844-559-2223 (toll free) OR

US mail: AACE Homecare, PO Box 1048, Chino Hills CA 91709

Thank you for giving us the opportunity to serve you.

Rosie Miller