



Reputable Home Health Agency
1730 W. Cameron Ave, Ste 214
West Covina, CA 91790
Ph: 626-251-9993
Email: Inquiry@reputablehomehealth.com

Dear Applicant:

Thank you for your interest in working with Reputable Home Health Agency. Please review and complete the attached Application Package for employment consideration. In addition, we request the following documents to be submitted with your completed Application Package.

1. Professional License/Certificate
2. CPR Card
3. Valid State Photo ID
4. Social Security Card
5. Physical Examination
6. TB Test or Chest X-ray
7. Vaccine Records (including Flu & Hep B Series)
8. COVID Test Results and/or Vaccine Record
9. 2 References & Resume

Upon completion of your application package, please contact our office at (626) 251-9993 to schedule an interview appointment with our Administrator.

Thank you!

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REPUTABLE HOME HEALTH AGENCY

EMPLOYMENT APPLICATION

Reputable Home Health Agency is an equal opportunity employer.

All applicants will be considered without regard to race, color, religion, creed, sex (including pregnancy, childbirth, or related medical conditions), gender identity and expression, sexual orientation, genetic information, national origin, ancestry, age (40 and over), disability, citizenship status, veteran status, military status or military obligations, or any other basis protected by applicable federal, state, or municipal laws. Reputable Home Health Agency also prohibits harassment of applicants based on any applicable legally protected category. Reputable Home Health Agency maintains a smoke-free workplace in accordance with applicable law.

Last Name	First Name	Middle Name	
Current: Former (provide only if necessary for us to know to verify your employment or educational record):			
Street Address	City	State	Zip
Best Telephone Number to Call		Best Time to Call	
Position(s) Applied For/Location			Date of Application
How did you learn about us?			
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In	
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____	

Have you ever filed an application with us before? If Yes, give date _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
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Have you ever been employed with us before? YES NO
If Yes, give date _____

On what date would you be available to start work?

Are you available to work (check all that apply): Full Time Part Time Per Diem

Days and hours available to work:

If applying for a position that will include driving:

If hired, can you provide a valid driver's license? YES NO

If hired, you may be required to provide evidence of insurance and coverage amounts.

Are you at least 18 years old? YES NO

If you are offered employment, can you provide documentation of your eligibility to work in the United States? YES NO

Proof of eligibility to work in the United States will be required upon employment.

EMPLOYMENT EXPERIENCE			
Begin with your most recent employment and continue with all past employment. Attach additional sheets if you need more space.			
Company Name:	Dates Employed		Work Performed
	From:	To:	
Address:			
Telephone Number:			
Job Title:	Supervisor:		
Reason For Leaving:			
Company Name:	Dates Employed	Work Performed	

EMPLOYMENT EXPERIENCE			
Begin with your most recent employment and continue with all past employment. Attach additional sheets if you need more space.			
	From:	To:	
Address:			
Telephone Number(s):			
Job Title:		Supervisor:	
Reason For Leaving:			

EMPLOYMENT EXPERIENCE			
Begin with your most recent employment and continue with all past employment. Attach additional sheets if you need more space.			
Company Name:	Dates Employed		Work Performed
	From:	To:	
Address:			
Telephone Number(s):			
Job Title:		Supervisor:	
Reason For Leaving:			

<p>May we contact your current employer to verify the above information you provided? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><i>All employers including your current employer may be contacted to verify the information you provide.</i></p>

<p>Explain any gaps in your employment, other than those due to illness, injury or disability.</p>
<p> </p>

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EDUCATION

Do not include any dates of attendance or completion.

	Name and Address of School	Course of Study	Number of Years Completed	Degree
High School				
Undergraduate College				
Graduate Professional				
Business/Trade /Technical				

SKILLS/TRAINING

Describe your job-related skills and/or training:

LANGUAGES

List any foreign languages that you are able to speak, read and/or write fluently.

REFERENCES

REFERENCES

List the names and telephone numbers of three business references, and include a description of their relationship to you and the number of years you have known them. Reputable Home Health Agency may contact the below references in considering your application.

1.

2.

3.

APPLICANT STATEMENT

This application will be deemed complete upon full completion of the requested information, all statements below read and initialed, and when it is executed by the applicant. This application will be considered for thirty (30) days. At the expiration of 30 days, if you have not been hired and wish to continue to be considered for employment, you must fully complete an additional application.

Initial: _____ **I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACTS ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) OR DURING THE APPLICATION PROCESS WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.**

Initial: _____ I authorize to the extent allowed by applicable federal, state and local laws investigation of my references, employment history and education. I authorize the references and prior employers I have disclosed on this application to disclose to Reputable Home Health Agency information related to my employment history and qualifications for the position for which I am applying, without giving me prior notice of their disclosure.

Initial: _____ I understand that Reputable Home Health Agency may condition any offer of employment on the results of a drug test. I agree to submit to legally permissible drug testing upon an offer of employment from Reputable Home Health Agency and prior to starting work. I agree that any offer of employment is contingent upon me receiving a negative test result.

Initial: _____ I understand that Reputable Home Health Agency may condition any offer of employment on the results of a background check to the extent allowed by applicable federal, state and local laws.

Initial: _____ I agree to abide by all of Reputable Home Health Agency’s rules and policies.

Initial: _____ I understand that Reputable Home Health Agency shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits, or other terms or conditions of employment.

Initial: _____ I authorize Reputable Home Health Agency to share information contained in my application with other Reputable Home Health Agency employees.

Initial: _____ I understand and agree that this employment application is not an offer of employment. I understand that, if employed, *my employment will be at will*, unless otherwise stated in an employment agreement signed by an authorized representative of Reputable Home Health Agency and by me or my authorized representative. I understand that employment at will means that I will be employed for an indefinite period of time and my employment may be terminated at any time with or without cause or notice

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either by me or Reputable Home Health Agency.

Initial: _____ I understand that Reputable Home Health Agency may not ask or require applicants to disclose past wages.

Initial: _____ I acknowledge that I have read, understand, and freely assent to the following Waiver of Right to Receive Copy of Public Records Received for Employment Purposes: Under California law, where Reputable Home Health Agency conducts an independent investigation of applicants without the services of an investigative consumer reporting agency, applicants are entitled to a copy of any public records that Reputable Home Health Agency receives for consideration of the applicant’s character, general reputation, and personnel characteristics for employment purposes within seven (7) days of Reputable Home Health Agency’s receipt. Public records include those documenting arrest, indictment, conviction, civil judicial action, tax lien, or outstanding judgment. I hereby waive my right to receive a copy of any and all public records as defined herein that Reputable Home Health Agency receives for purposes of evaluating my fitness for employment, unless utilized as the basis for an adverse employment action, including but not limited to denial of employment. I further acknowledge that Reputable Home Health Agency may withhold public records received in accordance with this paragraph until a reasonable time following the conclusion of any investigation into suspected wrongdoing. This waiver shall not affect my right to records received from any third-party, investigative consumer reporting agency.

Initial: _____ **I acknowledge that I have read and understand the above statements.**

My signature below certifies that I agree to the terms and conditions stated in this employment application, which contains all the understandings between me and Reputable Home Health Agency regarding the addressed topics, and replaces any prior inconsistent understandings between Reputable Home Health Agency and me on these topics.

Signature of Applicant:	Date:
Printed Name:	