

# Employment Application

*Please read carefully and print or type.*

Last Name	First	MI	Date of application
Street address			Home Phone ( )
City	State	ZIP code	Work Phone ( )
Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No			Social security no.
If yes: Month and Year			
Position applying for			Salary desired
<input type="checkbox"/> Applying for: <input type="checkbox"/> Regular full-time work <input type="checkbox"/> Regular part-time work Temporary work	What days and hours are you available for work?		When will you be available to begin work?
Do you have any friends or relatives working for APHCV? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, state name(s) and relationship:			
If hired, can you provide proof of your legal right to live and work in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been convicted of a felony or serious misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe in full.			
Are you able to perform the essential functions of the job for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If no, describe the functions that cannot be performed			

## **Please provide all information requested.**

Your complete application form will be maintained in our active files for six (6) months from the date of application. You may submit a new application at any time.

## **An Equal Opportunity Employer**

APHCV shall not discriminate on the basis of race, color, creed, national origin, veteran's status, medical condition or disability, religion, ancestry, age, sex, marital status, or sexual orientation.

## **EMPLOYMENT AT WILL**

All employment and compensation with APHCV is "at will" which means that your employment can be terminated with or without cause, and with or without notice at any time, at the option of either APHCV or yourself, except as otherwise provided by law.

**Asian Pacific Health Care Venture, Inc.**

1530 Hillhurst Avenue, Suite 200

Los Angeles, CA 90027

(213)644-3880

(213)644-3892 fax

***EDUCATION, TRAINING AND EXPERIENCE***

School	Name and Location (city, state)	Course of Study	No. of years completed	Did you graduate?	Degree or Diploma
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business/Trade/Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College (list all attended)				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Education/Training				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Many of our clients do not speak English. Do you speak, write or understand any foreign languages?  Yes  No

If yes, which language(s)?

Please list other experience, training, qualifications or skills you have acquired

***Please answer the following questions if you are applying for a professional position.***

Are you licensed/certified for the job applied for? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of license(s)/certification
Issuing state	License/certification number

Has your license/certification ever been revoked or suspended?  Yes  No

If yes, state reason(s), date of revocation or suspension and date of reinstatement

***Please complete if you are applying for an office or clerical position.***

Typing <input type="checkbox"/> Yes <input type="checkbox"/> No	WPM
Dictation <input type="checkbox"/> Yes <input type="checkbox"/> No	WPM
Computer programs in which you are proficient	

***MEMBERSHIP IN PROFESSIONAL OR COMMUNITY ORGANIZATIONS***

Professional memberships

Past and present community or cultural activities – include offices held

Principal hobbies(optional)

**EMPLOYMENT HISTORY**

Starting with present or most recent, list all previous employers. Please give accurate, full-time and part-time employment records. If more space is required, please continue on a separate sheet.

Company Name		Title or job classification
Street Address	Phone no.	Brief description of job duties
City	State	ZIP code
Supervisor's name and title		
Weekly pay	Employed (month and year) From   To	
Reason for leaving		

Company Name		Title or job classification
Street Address	Phone no.	Brief description of job duties
City	State	ZIP code
Supervisor's name and title		
Weekly pay	Employed (month and year) From   To	
Reason for leaving		

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Street Address	Phone no.	Brief description of job duties
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Supervisor's name and title		
Weekly pay	Employed (month and year) From   To	
Reason for leaving		

**MILITARY SERVICE**

Branch of service	From	To
Present military affiliation <input type="checkbox"/> None <input type="checkbox"/> Reserve (active) <input type="checkbox"/> Reserve (inactive)		
Kinds of training and duty while in service		

**PROFESSIONAL/WORK REFERENCES**

List two past supervisors and one person who is not related to you who have knowledge of your qualifications for the position for which you are applying.

Name	Occupation	Relationship	
Address		Phone no.	No. of years acquainted
Name	Occupation	Relationship	
Address		Phone no.	No. of years acquainted
Name	Occupation	Relationship	
Address		Phone no.	No. of years acquainted

***Please read carefully, initial each paragraph and sign below***

\_\_\_\_\_ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_ I hereby authorize the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_ I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date