

## PERSONAL

Name: Last	First	Middle	Phone Number	Date
Address, City, State & Zip			Social Security Number	
Can you after employment submit a Birth Certificate of other Proof of U.S. Citizenship or Age?			Referred By:	
All personnel are employed with the understanding that they will work the assigned hours and days required to meet the needs of the facility				
Position(s) Desired: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Relief			Shift Requested: <input type="checkbox"/> Days <input type="checkbox"/> Evening <input type="checkbox"/> Night	
If Part Time, Temporary or Relief, give hours, days, or periods			If Hired, on what day will you be available to start work?	
No. Years experience in work applied for? Years:                      Months:		Were you previously employed by this facility? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so, give dates of employment and position held

## RECORD OF EDUCATION

General Education	Years in High School Name & Address of High School	Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
School or College	Name & Address of School/College	Major <input type="checkbox"/> Yes <input type="checkbox"/> No
Professional Education	Name & Address of School/College	Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
Business Education	Courses	Name & Address
Spec. Clinical Course Exp. or Training	Where & Dates	
Licensed Nurse State Registration No.	Other States	Equipment(s) you can operate: <input type="checkbox"/> Typing _____WPM <input type="checkbox"/> Shorthand _____WPM <input type="checkbox"/> Calculating Machine <input type="checkbox"/> Word Processing: <input type="checkbox"/> Personal Computer: <input type="checkbox"/> List of Software Packages:

## EMPLOYMENT RECORD

Last (3) Three Positions (Beginning with the Last Employer)

	Name & Address of Employer	From	To	Phone No.
1	Position	Specific Duties		
	Supervisor's Name	Reason for Leaving		

2	Name & Address of Employer		From	To	Phone No.
	Position		Specific Duties		
	Supervisor's Name		Reason for Leaving		
3	Name & Address of Employer		From	To	Phone No.
	Position		Specific Duties		
	Supervisor's Name		Reason for Leaving		
Military Experience <input type="checkbox"/> Yes <input type="checkbox"/> No		Briefly describe your duties:			
Have you ever been convicted of a crime, excluding misdemeanors and summary offenses? <input type="checkbox"/> Yes <input type="checkbox"/> No			Record on file with:		

**READ CAREFULLY**

May we contact your present employer for a reference?     Yes     No

Do you know if you will be absent from work at any time during the next 12 months?     Yes     No

If yes, please explain: \_\_\_\_\_

I hereby certify that the foregoing statements are true and correct to the best of my knowledge and I grant Mission De La Casa permission to verify all information. I understand that any misleading or false statement or omission of pertinent information from this application may be considered as sufficient cause for rejection of this application or for dismissal if discovered subsequent to my employment. I authorized past employers, doctors and all listed references to give information about me and I release them and their organizations from all liability for any damages whatsoever for issuing the same. As a condition of employment, a medical history, and examination may be completed. I understand the result of the medical history and examination must be appropriate for the position for which I am applying.

If employed by Mission De La Casa, I will comply with all the rules, regulations, and policies of the facility and the department to which I am assigned. I understand and agree that my employment is for an indefinite term and is terminable at any time at will of either myself or Mission De La Casa, for any reason. If employed, I agree to accept changes in assignment, shifts, and to accept scheduled vacation time so that the needs of the facility and residents are met.

\_\_\_\_\_  
Signature of Applicant



2501 Alvin Avenue, San Jose, CA 95121 ■ Phone: 408.238.9751 ■ Fax: 408.238.3905

**CONFIDENTIAL REFERENCE CHECK**

The person named below has applied for employment. The said person has authorized the collection of any information concerning past employment with your organization.

Thank You,  
Human Resources/Payroll

Applicant's Name: \_\_\_\_\_ Position Applied For: \_\_\_\_\_

Previous and/or Current Employer: \_\_\_\_\_

Name/Title & Relationship of Person Contacted: \_\_\_\_\_

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

Employment From: \_\_\_\_\_ To: \_\_\_\_\_

Position & Description of Duties: \_\_\_\_\_  
\_\_\_\_\_

I hereby release from all liability the company or person named above, and authorized them to release all information regarding by employment with them.

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

**DO NOT FILL OUT BELOW – FOR OFFICE USE ONLY**

Describe applicant's performance (what are the applicant's strong/weak points in comparison with other employees who are working or have worked the same position?)

Please rate the applicant on the following characteristics: (Excellent/Good/Fair/Poor)

Quality of Work	_____	Quantity of Work	_____
Job Knowledge	_____	Leadership	_____
Attitude	_____	Dependability	_____
Professionalism	_____	Honesty	_____
Attendance	_____	Work Relationships	_____
Cooperation	_____	Problems	_____

Reason for leaving your company? \_\_\_\_\_

Would you rehire? \_\_\_\_\_ If no, please explain \_\_\_\_\_

Comments: (Anything else I should know) \_\_\_\_\_

Signature / Title of Person Completing Reference

Date



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Previous and/or Current Employer: \_\_\_\_\_

Name/Title & Relationship of Person Contacted: \_\_\_\_\_

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

Employment From: \_\_\_\_\_ To: \_\_\_\_\_

Position & Description of Duties: \_\_\_\_\_

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Comments: (Anything else I should know) \_\_\_\_\_

Signature / Title of Person Completing Reference

Date

[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]

## DISCLOSURE REGARDING BACKGROUND INVESTIGATION

**Mission De La Casa** ("the Company") may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by Private Eyes, Inc., 2700 Ygnacio Valley Rd., Ste.100, Walnut Creek, CA 94598, 925-927-3333, or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing Mission De La Casa to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

**New York applicants or employees only:** You have the right to inspect and receive a copy of any investigative consumer report requested by **Mission De La Casa** by contacting the consumer reporting agency identified above directly.

## ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and a SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Private Eyes, Inc., 2700 Ygnacio Valley Rd., Ste.100, Walnut Creek, CA 94598, 925-927-3333, or another outside organization acting on behalf of Mission De La Casa, and/or Mission De La Casa itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

Minnesota and Oklahoma <u>applicants or employees only</u> : Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. <input type="checkbox"/>				
California <u>applicants or employees only</u> : By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law. <input type="checkbox"/>				
<b>First Name:</b>		<b>Middle:</b>		<b>Last:</b>
<b>Other Names/Maiden/Alias:</b>				
<b>SS#*:</b>		<b>Non-U.S. ID# (if any) &amp; Country:</b>		
<b>DL# &amp; State:</b>		<b>Date of Birth*:</b>		<b>Phone#:</b>
<b>List the places you have lived, beginning with the most recent (#1) and working back 7 years.</b>				
<b>Address #1:</b>		<b>City:</b>	<b>County:</b>	<b>State:</b> <b>Zip:</b>
<b>Address #2:</b>		<b>City:</b>	<b>County:</b>	<b>State:</b> <b>Zip:</b>
<b>Address #3:</b>		<b>City:</b>	<b>County:</b>	<b>State:</b> <b>Zip:</b>
<b>Address #4:</b>		<b>City:</b>	<b>County:</b>	<b>State:</b> <b>Zip:</b>
<b>Address #5:</b>		<b>City:</b>	<b>County:</b>	<b>State:</b> <b>Zip:</b>
<b>Applicant/Employee Signature:</b>			<b>Date:</b>	<b>Client ID:</b> <b>MissionDLC</b>

\*This information will be used for background screening purposes only and will not be used as hiring criteria.