
EMPLOYMENT APPLICATION

EPIPHANY CARE HOMES, INC.
1331 DORIS AVENUE, OXNARD, CA 93030
(805) 485-8111/FAX (805) 485-8170

DRUG TESTING NOTICE!

To All Applicants for Employment

As part of its selection and hiring process, this company engages in drug testing of all otherwise qualified applicants for employment.

These tests are highly sophisticated and capable of detecting trace amounts of various drugs for up to sixty (60) days following use. If you have used drugs in the last sixty (60) days, please do not waste our time and yours by applying for work with this company.

Test results, which indicate the presence of drugs in your body, will bar further hiring consideration.

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Epiphany Care Homes, Inc. is an equal opportunity employer. We enthusiastically accept our responsibility to make employment decisions without regard to race, religious creed, color, age, sex, sexual orientation, national origin, religion, marital status, medical condition, disability, military service, pregnancy, childbirth and related medical conditions, or any other classification protected by federal, state, and local laws and ordinances.

Position Applied For: Direct Care Staff; Certified Nurse's Aide; Facility Manager/Lead Staff; LVN/LPT;
 Registered Nurse; Qualified Mental Retardation Professional; Other _____

Name _____ Date: _____

Social Security No: _____ Telephone Number: _____

Address: _____
(Street) (City, State, Zip)

If you have lived at the above address less than 12 months, list previous address:

(Street) (City, State, Zip)

How did you hear about the position with us? _____

Are you at least 18 years old? Yes No

Can you, if offered employment, submit proof of your legal right to work in the United States? Yes No

Do you have adequate means of transportation to get to work on time each day and when called in on short notice? Yes No

Are you able to lift at least 45 pounds? Yes No

Review the job description for the position for which you are applying.
Do you meet the qualifications and have the ability to perform the essential functions of this job? Yes No

If "No" to any, please explain:

Have you been convicted of or pled guilty to any criminal offense other than a minor traffic violation? Yes No

Have you been released from confinement following a conviction for any criminal felony offense? Yes No

Are you presently charged with any violations of law other than a minor traffic offense? Yes No

If your response to any of the preceding three questions was "YES", give the date, place and nature of each such conviction or pending charge. (The existence of a conviction or pending charge will not necessarily preclude you from employment; the nature of the crime and its relationship to the position applied for, the degree of rehabilitation of the applicant and the time elapsed since the crime or release from confinement will all be considered.)

HOURS AVAILABLE FOR WORK

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<input type="checkbox"/> Any	<input type="checkbox"/> Any	<input type="checkbox"/> Any	<input type="checkbox"/> Any	<input type="checkbox"/> Any	<input type="checkbox"/> Any	<input type="checkbox"/> Any

Date you can begin work: _____

Will you work weekends/holidays whenever scheduled or requested? Yes No

Will you work overtime whenever scheduled or requested? Yes No

Would you accept part-time work? Yes No

Would you accept 8, 10 or 12 hour shifts? Yes No

*-in accordance with State, Federal employment Laws

PERSONAL REFERENCES

Name	Phone Number	Address	How Long Known

SPECIAL SKILLS

Are you proficient in American sign language? Yes No

Do you speak, write or understand any foreign languages? Yes No

If yes, which language(s)? _____

Do you have any experience, training, qualifications or skills that you feel make you especially suited for work at Epiphany Care Homes, Inc.? . Yes No If yes, explain in detail below:

Computer Skills: None Some Experience: _____

Typing: Approximate WPM: _____ Shorthand: Approximate WPM: _____

Long-range occupational goals:

What do you hope to gain/learn from this company if you were hired?

Do you currently possess a Driver's License? Yes No

Do you currently possess a Class B Commercial Driver's License? Yes No

Proof of current personal vehicle insurance Yes No

Current CPR Certification Yes No Expires: _____

Current First Aid Certification? Yes No Expires: _____

If you do not currently have one of the above items, are you willing to obtain these as a condition of employment?

Yes No

RECORD OF EDUCATION

Education	Highest Year Completed	Name Of School And Location	Major Subjects
High School	Graduate? <input type="checkbox"/> Yes; <input type="checkbox"/> No		
College/University	Graduate? <input type="checkbox"/> Yes; <input type="checkbox"/> No		
College/University	Graduate? <input type="checkbox"/> Yes; <input type="checkbox"/> No		
Special Schooling or Training	Graduate? <input type="checkbox"/> Yes; <input type="checkbox"/> No		
Other	Graduate? <input type="checkbox"/> Yes; <input type="checkbox"/> No		

PROFESSIONAL LICENSES AND CERTIFICATIONS

Type of License	State	Year of Issue	Date of Expiration	License Number

Have you ever been previously employed by this company? Yes No

If yes, give position and dates employed: _____

Have you ever been discharged from a job or forced or asked to resign? Yes No

If yes, explain:

Have you ever been counseled, verbally or in writing, for violation of a prior employer's safety rules? If yes, explain: Yes No

Have you ever been counseled, verbally or in writing, for violation of any company policy of a prior employer? If yes, explain: Yes No

Comments regarding lapses, if applicable: _____

EMPLOYMENT HISTORY

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firms name and supply business references. Last seven years is sufficient. PLEASE GIVE MONTH AND YEAR.

NOTE: You must complete this section even if attaching a resume.

Name of Employer:		Dates Employed From: To:	
Address (include City, State, Zip Code)		Telephone: ()	
Job Title:	Name and Title of Supervisor:	Salary/Wages Starting:	Ending:
Brief Description of Job Duties:			
Reason for Leaving:			
FOR OFFICE USE ONLY: Ref Check Date: Correct Info: Job Perf: Eligible for Rehire: Attendance: Ref Check By:			
Name of Employer:		Dates Employed From: To:	
Address (include City, State, Zip Code)		Telephone: ()	
Job Title:	Name and Title of Supervisor:	Salary/Wages Starting:	Ending:
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MILITARY SERVICE RECORD

The hiring and re-hiring of veterans will be conducted in accordance with applicable state and federal laws and regulations.

Are you now a member of a Reserve or National Guard unit?

Yes No

Were you in the U.S. Armed Forces?

Yes No

If yes, what branch? _____ Initial Rank: _____ Final Rank: _____

Dates of Duty: From: _____ To: _____

List duties in the military or special training that prepared you for the position you are seeking:

I hereby state that the information given by me in this application is true in all respects. I agree that, if I am employed and the information is found to be false in any respect, I will be subject to dismissal without notice at any time. I hereby authorize my former employers to release information pertaining to my work record, my work habits, and my work performance while in their employ and any and all letters, reports and other information pertaining to my employment with them, without giving me prior notice of such disclosure. In addition, I hereby release Epiphany Care Homes, Inc., my current and 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 and agree that any employee handbook that I may receive will not constitute an employment contract, but will be merely a gratuitous statement of the company's current policies.

I understand and agree that, if I am offered employment by the company, my employment will be for no definite term and that either I, or the company, will have the right to terminate the employment relationship at any time, with or without cause, and with or without notice and that this relationship can only be modified in writing and signed by the Executive Director.

I understand that the company reserves the right to require its employees to submit to blood tests or urinalysis for alcohol or drug screens, or to allow inspection of bags (including purses or briefcases) or parcels brought into or taken out of the company. I understand that refusal to submit to a urinalysis, blood test or search, when requested to do so, will result in a voluntary resignation of my employment.

I understand that fingerprinting for purposes of a criminal record clearance is a condition of employment, and is required.

I understand that if offered employment, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the United States on my first day of employment.

I understand that in the event of a natural disaster I will be expected to report to work for my next scheduled shift and to call the facility I am assigned to as soon as possible to determine if help is needed.

If the position applied for requires driving in the course of work, I understand that I will be required to possess a current and valid California driver's license and understand that I will be required to provide a copy of my official driving record and proof of insurance. I also understand that any offer of employment is contingent on my ability to be covered by Epiphany Care Homes, Inc.'s auto insurance, if required for my position.

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 on this application or on any documents 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.

My signature below certifies that I have read and understand this complete page, and agree to the terms and conditions outlined in this document.

Date

(Signature)

An Equal Opportunity-Affirmative Action Employer

To help us carry out our EEO/AA obligations, please indicate if any of the following definitions apply to you. Please help us comply with the State and Federal law by completing this form. While you are not required to complete this form, you should know that if you leave it blank, we have the right to enter data for this purpose based upon our visual assessment. To demonstrate that we meet equal employment opportunity requirements, periodically we must report statistical information about applicants and employees to the California and United States Governments. **This information will be kept separate and confidential and will not be used in any unlawful way to make any employment decision(s).** Epiphany Care Homes, Inc. is an Affirmative Action Employer.

NAME _____ **Date of Birth** _____
month / day / year

Please answer below to the best of your ability. We understand that it may be difficult to choose a single ethnic identity if you have a multicultural heritage. Nevertheless, to comply with legal guidelines we would like you to choose only one.

Check appropriate box:

Male **Female**

WHITE (not of Hispanic origin): All persons not classified into one of the five specific ethnic minority categories that follow.

BLACK (not of Hispanic origin): All persons having origin in any of the black racial groups.

HISPANIC: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin regardless of race.

ASIAN or PACIFIC ISLANDER: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. (For example, includes China, India, Japan, Korea, the Philippine Islands and Samoa.)

AMERICAN INDIAN or ALASKAN NATIVE: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

INDIVIDUAL WITH DISABILITY: A person who (1) has a physical or mental impairment which substantially limits one or more of such person's major life activities, (2) has a record of such impairment or (3) is regarded as having such an impairment. If you fit this definition and your disability requires special interview arrangements, please contact the Human Resource Department before the interview date so that we can make reasonable accommodations.

EMPLOYMENT REFERENCE CHECK FORM

I. To be filled out by Applicant:

Applicant to Complete

Name: _____

Social Security Number: _____

I hereby authorize you to issue any information you may have regarding my services and character while I was employed by you. I do hereby unconditionally release you and your organization from all liability for any damage whatsoever which might result from furnishing this information. I am waiving any rights I have to take legal action against you and I take full responsibility for authorizing this request.

Signature: _____ Date: _____

Position applying for: _____

Please send this reference check form to the following address:

Epiphany Care Homes, Inc.
1331 West Doris Avenue
Oxnard, CA 93030
(805) 485-8111/ fax (805) 485-8170

II. To be filled out by Former/Present Employer

Organization's Name: _____

Address: _____

Dates of employment: _____ to _____

Position held: _____

Job duties: _____

Reason for leaving: _____

Eligible for rehire? Yes; No Comments: _____

Please check appropriate box:

JOB KNOWLEDGE Excellent Satisfactory Lacking

JOB PERFORMANCE Excellent Satisfactory Lacking

ATTENDANCE Excellent Satisfactory Lacking

COOPERATION/ATTITUDE Excellent Satisfactory Lacking

Completed by: _____ Date: _____

Position: _____

Thank you for your time, effort, and timely response.