



## Application for Employment

### I. Personal

Name \_\_\_\_\_  
First Middle Last

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_  
Street Unit

City State Zip Code

Title of desired position: \_\_\_\_\_

Date I am available to start: \_\_\_\_\_

Desired wage: \_\_\_\_\_

Desired shift (if applying for the Technician role):

AM  Swing  PM  Overnight

I am eligible to work in the United States.

Yes  No

I have a valid California Driver's License.

Yes  No  Valid Driver's License from another state

I am physically able to perform the core functions of this position with or without accommodation.

Yes  No

### II. Work History

Please list most recent employment first. List all employers from the last 7 years.

Employer \_\_\_\_\_ Supervisor's name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Title of last position worked \_\_\_\_\_

Summary of duties \_\_\_\_\_

Start date \_\_\_\_\_ End date \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Employer \_\_\_\_\_ Supervisor's name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Title of last position worked \_\_\_\_\_

Summary of duties \_\_\_\_\_

Start date \_\_\_\_\_ End date \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Employer \_\_\_\_\_ Supervisor's name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Title of last position worked \_\_\_\_\_

Summary of duties \_\_\_\_\_

Start date \_\_\_\_\_ End date \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Employer \_\_\_\_\_ Supervisor's name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Title of last position worked \_\_\_\_\_

Summary of duties \_\_\_\_\_

Start date \_\_\_\_\_ End date \_\_\_\_\_

Reason for leaving \_\_\_\_\_

### III. Education

Institution	Years Completed	Field of Study	Degree and Credential

Are you a veteran \_\_\_\_\_ Yes \_\_\_\_\_ No

Special Training or Certifications \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**IV. 2 Professional References**

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Email \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Email \_\_\_\_\_

**2 Personal References**

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Email \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Email \_\_\_\_\_

**V. Criminal History**

Charge \_\_\_\_\_ Date of Offense \_\_\_\_\_  
Status of Offense \_\_\_\_\_  
Please explain \_\_\_\_\_  
\_\_\_\_\_

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Status of Offense \_\_\_\_\_  
Please explain \_\_\_\_\_  
\_\_\_\_\_

**VI. Equal Opportunity Employment**

As part of D’Amore Healthcare’s procedure for processing your employment application, your personal and employment references will be checked. If you have misrepresented or omitted any facts on this application, and are subsequently hired, you may be discharged from your job. You may make a written request for information derived from the checking of your references. If necessary for employment, you may be required to supply your birth certificate or, other proof of authorization to work in the United States, have a physical examination and/or a drug test, or to sign a conflict of interest agreement and abide by its terms. I understand and agree to the information shown above. I further agree to fingerprinting and a background check.

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

*D’Amore Healthcare is an Equal Employment Opportunity Employer*  
All employers are required to provide equal employment opportunity and D’Amore Healthcare may ask your national origin, race and sex for planning and reporting purposes only. This information is optional and failure to provide it will have no affect on your application for employment.

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