



2300 Merced St San Leandro, CA 94577

### EMPLOYMENT APPLICATION

*Is an Equal Opportunity Employer*

Position Desired: \_\_\_\_\_ When can you start? \_\_\_\_\_ Date: \_\_\_\_\_

#### PERSONAL INFORMATION

Last name	First	Middle	Home Phone ( )	
Street Address	Apt#	City	State	Zip
Work Phone ( )				Cell Phone ( )
Email Address	Classification (NA,CNA,LVN,RN, Other)			License #
Expiration Date				

How did you learn about First Call? \_\_\_\_\_

Have you ever worked for First call? Yes  No  If so, when? \_\_\_\_\_

*If Driving is required in the position you applied for, please answer the following:*

Do you have a Driver's License? Yes  No

**Scheduling and Availability for Work**

Full Time  Part Time  Weekends  Willing to travel?  Shift Preference \_\_\_\_\_

Preferred Days of the week : \_\_\_\_\_

#### EDUCATION

School/Institute	Location	Major/Area of Study	Degree/No of Years
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

#### ACHIEVEMENTS, SPECIAL TRAININGS AND SKILLS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### Additional Information

Are you able to safely perform the essential functions of the job for which you are applying, either with or without reasonable accomodation?

Yes  No

If No, describe the functions that cannot be performed:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Note: We comply with ADA and consider reasonable accomodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing medical examination, skill and agility tests.

**EMPLOYMENT HISTORY** *List all employment for the past 10 years, including military service and periods of unemployment*

Employer's Name \_\_\_\_\_ May we contact? Yes  No

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Job Title \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_

Supervisor \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer's Name \_\_\_\_\_ May we contact? Yes  No

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Job Title: \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_

Supervisor: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer's Name \_\_\_\_\_ May we contact? Yes  No

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Job Title: \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_

Supervisor: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**PROFESSIONAL REFERENCES** *List three people not related to you who have knowledge of your work performance within the last three years*

Name	Occupation/How do you know this person?	Phone #	Years known

**AFFIDAVIT** *(Initial's on the line) Please read each statement carefully before signing*

\_\_\_\_\_ I certify that all the information provided in this employment application and supplementary application are true and complete. I agree to have any of the statements checked by First Call unless indicated to the contrary. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

\_\_\_\_\_ I am aware that a more detailed investigation concerning background and credit may also be conducted upon a contingent offer of employment, I hereby authorize that investigation. I also understand that employment is contingent upon satisfactory completion of reference checks and the provision of satisfactory proof of an applicant's identity and legal authority to work in the United States.

\_\_\_\_\_ I understand that if I am extended an offer of employment, it may be conditioned upon my successfully passing a pre-employment alcohol and drug screening examination. I understand that my job offer or my continuing employment, if hired, is contingent upon my being physically, mentally and medically able, with or without reasonable accommodation, to successfully perform the essential functions of my job. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to the work for which I am applying.

\_\_\_\_\_ I understand that nothing in this application, conveyed during any interview, or subsequent employment creates a contract of employment between First Call or any subsidiary or affiliate and myself, nor guarantees employment for any definite period of time. If employed, I understand that I have been hired at the will of the employer and my employment may be terminated at any time, with or without cause or notice by either myself or First Call. I understand that First Call can change benefits, policies and conditions at any time.

\_\_\_\_\_ I understand the position being applied for requires reliable attendance and dependable performance during the contemplated work hours. I understand that if I am employed, my work schedule may include various shifts and or assignments and is subject to change in wages, conditions, benefits and operating policies.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date