



Health Services of the Pacific

Medicare Certified & Joint Commission Accredited



APPLICATION FOR EMPLOYMENT

Gurusamy, Inc. dba Health Services of the Pacific (HSP) is an equal opportunity employer.

All potential employees are evaluated without regards to race, color, religion, gender, national origin, age, marital or veteran status, the presence of a non-job related handicap or any other legally protected status.

PERSONAL INFORMATION

Name: _____ Social Security Number: _____

Mailing Address: _____

Residential Address: _____

Telephone Number(s): _____ Email Address: _____

How did you learn of our agency? [] Advertisement [] TV [] Radio [] Personal Referral
[] Other: _____

Position Desired: _____ [] Full-time [] Part-time

Classification: [] RN [] LPN/VN [] Cert. HHA [] PT [] OT [] Other: _____

When can you begin? _____ Anticipated length of employment: _____

Please circle the days you will be available to work & note the times available below the corresponding day: Mon Tues Wed Thurs Fri Sat Sun

If the position applied for requires driving, please provide the following:

Driver's License No., Place of Issue & Expiration Date: _____

Are you a U.S. Citizen, or otherwise authorized to work in the U.S. without any restriction?

[] Yes [] No (If yes, verification will be required.)

Are you capable of satisfactorily performing the essential job duties required of the position for which you are applying with or without reasonable accommodation? [] Yes [] No

If hired, are there any accommodations this company would need to provide so that you can perform all those essential functions and duties? If yes, please explain. _____

Have you been convicted of a crime other than a traffic violation? [] Yes [] No

If yes, please state the nature of the crime(s), when and where convicted, and the disposition of the case. _____

(Note: A conviction will not automatically disqualify you from employment. Each case will be considered based on specific facts.)

EDUCATION/CERTIFICATIONS OR LICENSES

Name & Location of School _____ Years completed _____ Degree, if graduated. _____

High School: _____

College: _____

Trade/Business or Tech School: _____

Type of Certification or License: _____ License No. _____ Expiration Date _____ State Issued _____

Please describe any actual experience, special training, and/or qualifications that you have which you feel is relevant to the position for which you are applying. _____

Language Skill: _____ [] Speak [] Read [] Write

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EMPLOYMENT HISTORY

Current/Most Recent Employer: _____

Address: _____

Position/Title: _____ Supervisor Name & Contact No.: _____

Start Date: _____ End Date: _____

Job Responsibilities: _____

Starting Salary: _____ Ending Salary: _____

Reason(s) for Leaving: _____

* * * * *

Former Employer: _____

Address: _____

Position/Title: _____ Supervisor Name & Contact No.: _____

Start Date: _____ End Date: _____

Job Responsibilities: _____

Starting Salary: _____ Ending Salary: _____

Reason(s) for Leaving: _____

* * * * *

Former Employer: _____

Address: _____

Position/Title: _____ Supervisor Name & Contact No.: _____

Start Date: _____ End Date: _____

Job Responsibilities: _____

Starting Salary: _____ Ending Salary: _____

Reason(s) for Leaving: _____

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Please explain any gaps in your employment history. _____

May we contact your current employer? If no, please explain. _____

Have you ever been involuntarily terminated or asked to resign from any position? If yes, please describe the circumstances. _____

If selected for employment, are you willing to submit to a pre-employment drug screening test?

[] Yes [] No

- **You must submit police clearance (issued within the last 3 months) with your application.**

ACKNOWLEDGMENT & AGREEMENT

I hereby certify that the information contained in this application is 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 misrepresentation, falsification or omission of information on this application or any document used to secure employment shall be grounds for rejection of this application or immediate discharge if I am employed; regardless of the time elapsed before discovery.

I hereby authorize Gurusamy Inc. dba Health Services of the Pacific (HSP) to thoroughly investigate the information on my application, my references, work record, education and other matters related to my suitability for employment and, further, authorize the references that I have listed to disclose to HSP all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release HSP, my former employers and all other persons or entities from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosures.

I understand that if considered for employment, I may be subject to pre-employment drug and/or alcohol testing.

I also understand that, pursuant to 42 CFR §418.411(d), HSP is required to perform criminal background checks on all existing and prospective employees who have direct patient contact or access to patient records.

Print Name

Applicant Signature

Date