

BARROQUE INC.

Las Estancias Assisted Care

1409 Whittier Avenue
Brea, CA 92821



Employment Application

When completed, please send to us as follows:

* Mail to above address or email to celiarbarron@yahoo.com

* Fax: (888) 501-7158

Personal

First:	Social Security #	
Last Name:		
MI:		
Other Name(s) Used:	Home Telephone # ()	
Address:	Other Telephone # ()	
Position Applied for:	Referred by:	Hourly Pay Desired:
CNA Certification? Yes: _____ No: _____	If yes, list school information:	
HHA Certification? Yes: _____ No: _____	If yes, list school information.	
What hours are you able to work?		
Are you at least 18 years old? Yes: _____ No: _____	If under 18, do you have a work permit? Yes: _____ No: _____	

Education

Circle Highest Grade Completed:	High School	9	10	11	12
	College, Trade or Business	1	2	3	4
	Graduate Studies	_____			
School	Address	Major Studies	Degree, Diploma License or Certificate		
High School:					
College/University:					

Vocational/Business/Other:			
List any professional designations:			
Other special knowledge, skills, or qualifications:			

For Clerical Applicants Only:

Do you type?: Yes _____ No: _____ If yes, WPM: _____
Computer skills (Hardware/Software):

Employment History

List all employments for the past 10 years, starting with the most recent position. All information **must** be completed. You may attach a resume, but not in place of completing the required information.

Employed from: / /	Employer name:	Supervisor name:	Starting salary:
Employed until: / /	Employer Address:	Supervisor Phone #:	Ending salary:
Job title:		Reason for leaving:	
Duties & responsibilities:			
Employed from: / /	Employer name:	Supervisor name:	Starting salary:
Employed until: / /	Employer Address:	Supervisor Phone #:	Ending salary:
Job title:		Reason for leaving:	
Duties & responsibilities:			
Employed from: / /	Employer name:	Supervisor name:	Starting salary:

Employed until: / /	Employer Address:	Supervisor Phone #:	Ending Salary:
Job title:		Reason for leaving:	
Duties & responsibilities:			
Employed from: / /	Employer name:	Supervisor name:	Starting salary:
Employed until: / /	Employer Address:	Supervisor Phone #:	Ending salary:
Job title:		Reason for leaving:	
Duties & responsibilities:			

General

Yes No

May we contact your current employer for references?

Yes No

If hired, will you be able to work overtime?

Yes No

Will you be able to perform the essential job functions for the position you are applying for with or without reasonable accommodation?

Yes No

Have you ever been convicted of a crime, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by court? (A yes response does not automatically disqualify your application.)

Mark with an X

Certification & Authorization

The above information is true and correct. I understand that, in the event of my employment by Las Estancias Assisted Care, I shall be subject to dismissal if any information that I have given in this application is false or misleading, or if I have failed to give any information herein requested, regardless of the time elapsed after discovery.

I authorize Las Estancias Assisted Care to inquire into my educational, professional, and past employment history references as needed to research my qualifications for this position. I hereby give my consent to any former employer to provide employment related information about me to Las Estancias Assisted Care and will hold the company and my former employer harmless from any claim made on the basis that such information about me was provided or that any employment decision was made on the basis of such information.

I understand that nothing in this employment application, the granting of an interview, or my subsequent employment with Las Estancias Assisted Care is intended to create an employment contract between myself and the company under which my employment could be terminated only for cause. On the contrary I understand and agree that if hired, my employment will be terminable at will and may be terminated by me or Las Estancias Assisted Care at any time and for any reason. I understand that no person has any authority to enter into any agreement contrary to the foregoing.

If employed, I will be required to provide original documents which verify my identity and right to work in the United States under the Immigration Reform and Control Act (IRCA) of 1986. The document(s) provided will be used for completion of Form I-9.

I hereby acknowledge that I have read and agree to the above statements.

Signature

Date: / /