



18655 West Bernardo Drive  
San Diego, CA 92127  
(858) 451-9152  
(858) 592-1853 Fax  
email: hr@casadlc.com

## EMPLOYMENT APPLICATION

APPLICANT NAME: \_\_\_\_\_  
(Last Name, First Name)

POSITION: \_\_\_\_\_

DATE OF APPLICATION: \_\_\_\_\_

### MISSION STATEMENT

*Where Residents enjoy the retirement they desire.*

### ATTENTION ALL APPLICANTS

All applicants, who receive a **conditional offer** of employment, **will be required to submit to, and successfully pass, a pre-employment medical exam, drug/alcohol screening, functional skills test and criminal background check before** they are allowed to report to work.

Applicants and employees are treated without regard to race, color, national origin, age, religion, sex, sexual orientation, gender, gender identity, gender expression, marital status, military or veteran status, genetic information, medical condition or disability, ancestry.

Thank you for considering Casa de las Campanas as a potential employer.  
Our goal is to recruit and retain a highly professional and compassionate workforce who strive for excellence and have a passion for serving seniors.  
Please complete the application in its entirety.

PLEASE REMEMBER TO SIGN AND DATE YOUR APPLICATION.

# EMPLOYMENT APPLICATION

LAST NAME

FIRST

MIDDLE INITIAL

ADDRESS

CITY

STATE

ZIP CODE

CONTACT NUMBER (CELL OR HOME)

EMAIL ADDRESS

## GENERAL INFORMATION

Check your availability to work: (Check all that apply.)

	S	M	T	W	TH	F	SA
Days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evenings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Full Time     Part time     Per Diem  
 Holidays     Overtime

Are you currently employed?                      Yes \_\_\_ No \_\_\_

May we contact your present employer? Yes \_\_\_ No \_\_\_

Do you have any relatives who work at, or live at Casa at the present time?                      Yes \_\_\_ No \_\_\_

If so, please list their name(s) and the relationship.

\_\_\_\_\_

Were you previously employed by Casa de las Campanas?                      Yes \_\_\_ No \_\_\_

*If yes, why did you leave?*

\_\_\_\_\_

*Date/Year(s) employed:* \_\_\_\_\_

Are you at least 18 years of age?                      Yes \_\_\_ No \_\_\_

If under 18 years of age are you able to provide a work permit?                      Yes \_\_\_ No \_\_\_

If hired, are you able to provide proof of eligibility to work in the United States?                      Yes \_\_\_ No \_\_\_

Veteran of the U.S. Military Service?    Yes \_\_\_ No \_\_\_

If yes, were you honorably discharged?    Yes \_\_\_ No \_\_\_

If not, please explain why? \_\_\_\_\_

\_\_\_\_\_

Can you perform the essential functions of the position desired with or without reasonable accommodation?    Yes \_\_\_ No \_\_\_

If no, please describe the functions that cannot be performed.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been terminated or asked to resign from a previous place of employment?                      Yes \_\_\_ No \_\_\_

If so, state company and reasons why.

\_\_\_\_\_

\_\_\_\_\_

California Health and Safety Code sections 1522, 1568.09 and 1569.17, require a criminal background check of employees of community care facilities who have contact with clients. If an individual has been convicted of a crime other than a minor traffic violation, the individual cannot work or be present in any community care facility unless he/she receives a criminal record exemption from the Caregiver Background Check Bureau (CBCB). A criminal record exemption is a written document that "exempts" the individual from the requirement of having a criminal record clearance. If an employee or applicant has been convicted of any of the following offenses, the CBCB will not grant a criminal record exemption, and therefore the individual is not eligible for employment with Casa de las Campanas: Sexual assault; child abuse, elder abuse or arson.

Can you satisfy the foregoing criteria? \_\_\_ Yes \_\_\_ No

## WORK EXPERIENCE

**List past 10 years of employment, beginning with your present employer. Please complete all information.**  
Include military service and volunteer activities. Please request additional forms if needed. You may exclude organizations which indicate race, color, religion, gender, sexual orientation or national origin.

Employer	Telephone	Dates Employed (MM/YY) From To	Job Duties
Address		/	
Your Job Title			
Supervisor	Telephone		
Reason for leaving			

Employer	Telephone	Dates Employed (MM/YY) From To	Job Duties
Address		/	
Your Job Title			
Supervisor	Telephone		
Reason for leaving			

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Address		/	
Your Job Title			
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Address		/	
Your Job Title			
Supervisor	Telephone		
Reason for leaving			

## EDUCATION

	HIGH SCHOOL	COLLEGE/UNIVERSITY	GRADUATE/PROFESSIONAL
School Name			
Years Completed			
Diploma			
Course of Study			
Specialized Training, Apprenticeship, Skills			

## PROFESSIONALS AND TECHNICAL APPLICANTS ONLY

Are you a member of a professional organization, club or committee? Yes \_\_\_ No \_\_\_

If yes, please provide the name of the organization: \_\_\_\_\_

If you are licensed, has your license ever been suspended or revoked, or are you currently involved in any proceeding that could affect your license or certification? Yes \_\_\_ No \_\_\_

If yes, please give the date, location and disposition of your case: \_\_\_\_\_

PROFESSIONAL LICENSE #	TYPE OF LICENSE	PLACE OF ISSUE	EXPIRATION DATE

## REFERRAL SOURCE

**How did you hear about this position? Please indicate below.**

A. EMPLOYEE REFFERAL Name:	B. SCHOOL
C. ADVERTISEMENT Publication Name:	D. INTERNET SITE Site Name:
E. OTHER	F. OTHER



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<b>APPLICANTS STATEMENT</b>
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<b>INITIAL</b>
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**PLEASE READ CAREFULLY, INITIAL EACH PARAGRAPH, AND SIGN BELOW.**

\_\_\_\_\_ I acknowledge that if I am employed by Casa de las Campanas ("Casa"), I will have the right to terminate my employment at any time, with or without cause or advance notice. This at-will employment relationship shall remain in effect throughout my employment by Casa and may not be modified by any oral or implied agreement. Furthermore, the at-will nature of my employment may not be modified or abrogated by any oral or written statement (s), including performance evaluations, the granting of salary increases, bonuses, or promotions, or by the length of my employment. I understand that only a written contract signed by Casa's Executive Director may alter this at-will employment relationship.

\_\_\_\_\_ I certify that the information submitted in this application and any attachments is true and correct. I further certify that I have not knowingly withheld any information which might adversely affect my chances for employment, and that I, the undersigned applicant, have personally completed this application. I understand that if any misrepresentation is found or the results of the investigations are not satisfactory, any offer of employment may be withdrawn, and that if I am already employed, my employment may be terminated immediately.

\_\_\_\_\_ I specifically authorize Casa to thoroughly investigate my references, work record (including performance and discipline histories), education, and all other matters related to my suitability for employment. I further authorize the references and prior employers I have listed to disclose to Casa any and all letters, reports, review and disciplinary materials, and other information related to my work records and performance, without providing me with prior notice of such disclosure. In addition, I hereby release Casa, my former employers, and all other persons and entities from any and all claims, demands or liabilities arising out of, or in any way related to, such investigation or disclosure, including but not limited to claims for defamation, slander, libel, negligent or fraudulent misrepresentation, and invasion of privacy.

\_\_\_\_\_ I hereby agree to submit to binding arbitration all disputes and claims arising out of the submission of this application. I further agree that, in the event that I am hired by Casa, all disputes arising out of my employment with Casa, whether during or after said employment, will be submitted to binding arbitration in accordance with the National Rules for the Resolution of Employment Disputes, as promulgated by the American Arbitration Association, and judgment on any award rendered by the arbitrator may be entered in any court having jurisdiction thereof.

\_\_\_\_\_ I understand that nothing contained in this application for employment or in the granting of an interview is intended to create an employment contract between Casa and me. I understand that no promise or guarantee regarding employment is binding on Casa unless made in writing. If an employment relationship is established, I understand that both Casa and I may terminate my employment at any time for any reason, or for no reason at all, unless otherwise agreed upon in writing by me and Casa's Executive Director.

By signing this application, I further certify that I have read and understand everything contained in this application, including the at-will employment and arbitration provisions set forth above.

Date: \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**APPLICANT NOT HIRED BECAUSE (TO BE COMPLETED BY HIRING MANAGER)**

DID NOT MEET MINIMUM QUALIFICATIONS: \_\_\_\_\_  
MORE QUALIFIED APPLICANT(S) APPLIED: \_\_\_\_\_  
INABILITY TO WORK REQUIRED SHIFT(S): \_\_\_\_\_  
VERBAL/WRITTEN COMMUNICATION SKILLS: \_\_\_\_\_  
UNABLE TO PASS BACKGROUND CHECK(S): \_\_\_\_\_  
OTHER: \_\_\_\_\_

**FOR HUMAN RESOURCES DEPARTMENT USE ONLY**

POSITION: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_

OFFER LETTER:	<input type="checkbox"/>	I-9 VERIFICATION	<input type="checkbox"/>
CRIMINAL RECORD STATEMENT	<input type="checkbox"/>	SSN VERIFICATION	<input type="checkbox"/>
LIVESCAN OR WORK PERMIT	<input type="checkbox"/>	SANCTION CHECK	<input type="checkbox"/>
DRUG SCREEN RESULTS	<input type="checkbox"/>	PHYSICAL RESULTS	<input type="checkbox"/>

PPD RESULTS          1st given: \_\_\_\_\_          1st read: \_\_\_\_\_  
    2nd given: \_\_\_\_\_          2nd read: \_\_\_\_\_

CHEST X-RAY RESULTS         

VOE                  1st                                    2nd                 

LICENSE VERIFICATION

Application	<input type="checkbox"/>	Offer Letter	<input type="checkbox"/>
Orientation	<input type="checkbox"/>		

CPR/FIRST AID