

AMPLE Care Services

HCO# 364700130



EMPLOYMENT APPLICATION

Please print and complete all information requested. All applicants may be tested for illegal substances.

Name: Last First	Middle	e Driver's License No.		Social Security No.					
Home: Address: Street	City	•	State Zip						
2.5,									
Mailing Address: Street City State Zip									
Email:		Home Phone		Cell Phone					
Position Applying For:	Specialty	Salary	y		vailable Date				
Availability (mark all your choices)									
Mon Tues Wed Thu Fri Sat Sun 0 0 0 0 0 0	Shift: 7a 24hrs	3-11 7p 11p live-i	n live-out	Full	time Part Time				
	0	0 0 0 0	0 0		-				
	Education an	d Training							
High School	City		Highest grade	e	Diploma				
Trade School	City		Years comple	eted	Diploma				
College	City		Major		Degree				
University	City		Major		Degree				
Work experience (Please list your work experience for the past 5 years beginning with the most recent)									
Job #1									
Employer's Name Supervisor's Name:									
Employer's Address	City		State	Ziţ	0				
Employer's phone#	our Job title:	Employn	Employment dates:						
		From:		To:					
Reason for leaving:		Salary: Ending:							
Duties:		1			<u> </u>				
Job#2									
Employer's Name		Supervisor's Name	:						
Employer's Address	City		State	Zi	р				
Employers Phone No.	our Job Title		nent Dates:						
		From:		To:					
Reason for leaving		Salary: Start:		Endin	ng:				
Duties		7 334. 31			<u> </u>				

AMPLE Care Services PO Box 1048 Chino Hills CA 91709 info@aacehealth.com 855-480-2223



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Job#3								
Employer's nam	e					Supervisor's na	me	
Employers addre	ployers address City				State Zip			
Employer's phor	ne No:	Your Job Title			Employment dates From: To:			
Reason for leaving:			Salary: Start: Ending:					
Duties:								
Can we contact your employers: yes/no Did you complete the ap yes/no			complete the app	lication yo	ourself:	List languages you speak o	other than English.	
Reference	(please	e provide 2 refe	rences other	than relatives or p	ast emplo	oyers)		
Reference#1 Name:					Phone		Email:	
Address:				City			State	Zip
Reference#2								
Name					Phone		Email	
Address				City	<u> </u>		State	Zip
Background								
Yes	No	Please answer all questions and provide an explanation for any yes answer.						
		Have you ever been convicted of a crime?						
		Have you ever used drugs not prescribed by a doctor for medication purposes?						
		Do you have any moving violations over the past 3 years?						
		Have you ever served in the US military forces?						
		Have you ever filed bankruptcy?						
Please explain all Y	es ans	wers:						
Driver's license#		State	Yrs Lic'd	Are you a USA ci Alien registration#	tizen: Ye	s/no, if no, enter:		rk: (mark all that applic ea O State O Cour
		-			nal Co	mments	 '	



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APPLICATION FORM WAIVER

In exchange for the consideration of my job application by AMPLE Care Services; (hereinafter referred to as "AMPLE"), I agree that: Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other business practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of AMPLE., or otherwise to change in any respect the employment-at-will relationship between AMPLE and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of AMPLE. Both the undersigned and AMPLE., may end the employment relationship at any time, without specified notice or cause. If employed, I understand that AMPLE may unilaterally change or revise its benefits, policies and procedures and such changes may include reduction in benefits at any time without my consent. All changes will be posted and take effect as mandated solely by AMPLE.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the AMPLE permission to contact schools, previous employers, references, and others, and hereby release AMPLE from any liability as a result of such contact.

I also understand that (1) that AMPLE has a drug and alcohol policy that provides for pre-employment testing as well as testing during employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment are based on the successful passing of testing under such policy. I further understand that continued employment will be based on the successful passing of job-related physical examinations. I understand that, in connection with the routine processing of my employment application, AMPLE may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, AMPLE, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act. I further understand that my employment shall be probationary for a period of ninety (90) days, and further, that at any time during the probationary period or thereafter, the employment relation with AMPLE can be terminated at will for any reason by either party.

Name of Applicant: (print)	Signature of Applicant	Date:

AMPLE is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with us is based solely on your qualifications and availabilities.

Completed applications can be sent to any one of the following:

Email: info@aacehealth.com OR Text: 213-908-4416 OR Fax: 1-844-559-2223

US mail: AMPLE Care Services, PO Box 1048, Chino Hills CA 91709

Thank you for giving us the opportunity to serve you.

Lewin Harrison Manager