



VAGTHOL'S

RESIDENTIAL CARE CENTER, INC.

6537 FOUNTAIN AVENUE
LOS ANGELES, CA 90028
TEL:(323) 464-7972 FAX:(323) 469-2028
INFO@VAGTHOLS.COM

Employment Application

(An Equal Opportunity Employer)

Please Print

Date Last Name First Name Middle Name

Present Address

No. & Street City State Zip

Business Phone Home Phone

Employment Desired

Position Applying For:

Personal Information

Have you ever applied to or worked at Vagthol's?

Yes No

If yes, when?

Do you have any friends or relatives working for Vagthol's?

Yes No

If yes, state name(s) and relationship

Why are you applying for work at Vagthol's Residential Care Center?

If hired, do you have your own reliable means of transportation to and from work?

Yes No

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age).

Yes No

If hired, can you present evidence of your U.S. Citizenship or proof of your legal right to live and work in this country?

Yes No

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

Yes No

If no, describe the functions that cannot be performed:

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

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)?
(Convictions for marijuana-related offenses that are more than two years old need not be listed.)

Yes No

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

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, date of the offense, the surrounding circumstances, and the relevance of the offense to the position(s) applied for may, however, be considered.)

Education, Training, and Experience

High School

Name Address City State Zip

Years Completed Did you graduate? Degree or Diploma
Yes No

College/University

Name Address City State Zip

Years Completed Did you graduate? Degree or Diploma
Yes No

Vocational/Business

Name Address City State Zip

Years Completed Did you graduate? Degree or Diploma
Yes No

Health Care Training

Name Address City State Zip

Years Completed Did you graduate? Degree or Diploma
Yes No

Employment History

List below all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

Name of Employer

Telephone Number

Type of Business

Your Supervisor's Name

Address & Street

City

State

Zip

Dates of Employment:

Weekly Pay

Start

Finish

Start

Finish

Your position duties:

Reason for leaving:

May we contact this employer for a reference?

Yes

No

Name of Employer

Telephone Number

Type of Business

Your Supervisor's Name

Address & Street

City

State

Zip

Dates of Employment:

Weekly Pay

Start

Finish

Start

Finish

Your position duties:

Reason for leaving:

May we contact this employer for a reference?

Yes

No

References

List below three persons not related to you who have knowledge of your work performance within the last three years.

First Name

Last Name

Telephone Number

Address & Street

City

State

Zip

Occupation

Number of years acquainted

First Name

Last Name

Telephone Number

Address & Street

City

State

Zip

Occupation

Number of years acquainted

First Name

Last Name

Telephone Number

Address & Street

City

State

Zip

Occupation

Number of years acquainted

Please Read Carefully, Initial Each Paragraph, and Sign Below

- Initials I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are 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 omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.
- Initials I hereby authorize Vagthol's to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.
- Initials I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company and that no promises or representations contrary to the foregoing are binding on the Company unless made in writing and signed by me and the Company's designated representative.
- Date Applicant's Signature