UNIVERSAL HOME CARE, INC. 1-800-200-1020 1-323-653-9222 EMPLOYMENT APPLICATION

Name				DATE	
(Last)	(First)		(Middle)		
	(State other names you have	e used during p	professional education of	or employment)	
osition(s) Applied for					
ERSONAL DATA					
ddress					
(Number) (Street) (Ap	ot)	(City)	(State)	(Zip)
ocial Security Number _	Tele	ephone		Fax	
-mail	Emergency contact T	Telephone		Relationship	
Can you, after employme	nt, submit verification of your lega	al right to work	in the United States?	YES NO	
lave you worked for this	employer previously? ☐ NO ☐ Y	YES If "yes", w	hat position		
lave you been convicted	of a felony in the past seven (7)	years? □ NO	☐ YES If "yes", pleas	se explain	
NOTE: Arrest or Convicti	ion are not an automatic bar to en	nployment. Ea	ach case will be conside	ered on its own merits.)	
s there any reason you w	vould be unable to safely perform	the essential o	luties of the job for whic	th you are applying (as desc	ribed in the
	☐ YES If "yes", what can be do		-		
so decemption).	i yee , what can be de	ino to accomm	odato your infiniations.		
NOTE: Physical or ment	tal disabilities that would not affect	t the ability to i	perform the job do not o	constitute a bar to employme	ent)
Circle highest grade comp			1 2 3 4	1 2 3 4 5 6	511ty
, , , , , , , , , , , , , , , , , , , ,	(Elementary)		ligh School)	(College)	
	NAME OF SCHOOL		KIND OF COURSE	DEGREES CONFERRED	7
TYPE OF SCHOOL	COLLEGE OR UNIVERSITY	LOCATION	MAJOR SUBJECTS	AND DATES	
COLLEGE OR					
JNIVERSITY					
	+				-
GRADUATE SCHOOL					
OTHER (Military,					-
Vocational)					
	iified by any professional organiza S If "yes", please list each and ind				State of
	f □ Newspaper □ School □				
anguage ability:			•		
			🗆 Speak 🗆 Read	□ Write	

unemployment. Name of Employer	Duties & Title	Employed From To
, ,,		Reason for Leaving
Address		January 1
elephone		
our Supervisor		
	Salary	May we contact? yes no
Name of Employer	Duties & Title	Employed From To
		Reason for Leaving
Address		
Felephone		
our Supervisor		
	Salary	May we contact? yes no
Name of Employer	Duties & Title	Employed From To
		Reason for Leaving
Address		
Felephone		
our Supervisor		
rour ouporvisor	Salary	May we contact? yes no
Name of Employer	Duties & Title	Employed From To
		Reason for Leaving
Address		
Telephone		
our Supervisor		
	Salary	May we contact? yes no
List any volunteer activities, tra	ining or other experiences that you feel quali	fy for this position:
	IMPORTANT - READ BEFO	ORE SIGNING

I hereby certify that the facts set forth above are true and complete and I authorize the Agency to verify any and all of the statements that I have made. I also authorize all persons and institutions, including my previous employers and the schools that I attended, to provide the Agency with any information that it requests in connection with this application. I hereby release all of these persons and institutions and the Agency from any and all liability for any damages arising from the verification process. I understand that, if employed, false statements on this application or omissions of material information may result in my termination. If employed, I agree to abide by all Agency rules and regulations as they now or may exist and I understand that failure to do so may result in termination.

I understand that my employment is contingent upon my successful completion of an employment physical examination. I further understand that, within the time frame specified by the Agency, I must produce applicable documents showing that I am a United States citizen or alien lawfully authorized to work in the United States.

I understand and agree that, if employed, either the Agency or I will be free to terminate the employment relationship at any time for any reason, without cause and without action. I understand and agree that this writing shall constitute the entire agreement between the Agency and me on the subject of the length of my employment, and the circumstances under which it may be terminated, and that there are no oral or collateral agreements pertaining to these issues. I also understand and agree that no representative of the Agency, other than its President/CEO has the authority to enter into any future agreement, either express or implied, restricting in any way the Agency's right to terminate employment and, that to the extent the President/CEO enters into such a future agreement, it may only be in writing.

Applicant's Signature	Date