



*Professional Health Care Services, Inc.*

P. O. Box 4402  
Costa Mesa, CA 92628  
Tel. No. (714) 545 - 7268  
(714) 898 - 8880  
Fax No. (714) 898 - 8829

**APPLICATION FOR EMPLOYMENT**

**Personal:**

Social Security No. / TIN : \_\_\_\_\_ Date : \_\_\_\_\_

Last Name : \_\_\_\_\_ First Name : \_\_\_\_\_ MI : \_\_\_\_\_

Address : \_\_\_\_\_  
Street Unit# City State ZIP

Phone Numbers : \_\_\_\_\_  
Home Business Cell

**Please Check One :**

- CNA CA Professional License No.: \_\_\_\_\_ Expiry : \_\_\_\_\_
- LVN
- RN CA Driver's License No. : \_\_\_\_\_ Expiry : \_\_\_\_\_
- Care Giver

Are you at least 18 years old with legal rights to work in the U.S.A.?  Yes  No

Have you ever been convicted of any crime or misdemeanor?  Yes  No

If YES, please state details: \_\_\_\_\_

**Education:**

Degree completed (if any): \_\_\_\_\_

Name & Location of \_\_\_\_\_

School/College/University: \_\_\_\_\_

	Yes	No	
Did you graduate?	<input type="checkbox"/>	<input type="checkbox"/>	Number of years completed: _____
Post graduate?	<input type="checkbox"/>	<input type="checkbox"/>	Degree or Diploma: _____



**DO YOU HAVE ANY EXPERIENCE IN THE FOLLOWING? (PLEASE ENCIRCLE)**

- |                  |                     |                   |
|------------------|---------------------|-------------------|
| 1. Alzheimer     | 9. Back Surgery     | 17. Spinal Injury |
| 2. Dementia      | 10. Body Mechanics  |                   |
| 3. Stroke        | 11. Diabetes        |                   |
| 4. Parkinson     | 12. G-Tube          |                   |
| 5. Hospice       | 13. Catheter Bag    | OTHERS:           |
| 6. Cancer        | 14. Colostomy Bag   | _____             |
| 7. Heart Failure | 15. Hoyer Lift      | _____             |
| 8. Hip Surgery   | 16. Range of Motion | _____             |

**HOMEMAKING**

1. Cook American
2. Cook Other \_\_\_\_\_
3. Laundry
4. Bed Making
5. Oral hygiene
6. Bath
7. Sponge bath
8. Skin Care
9. Dressing
10. Others \_\_\_\_\_

**LANGUAGE**

Yes No

- |         |                          |                          |
|---------|--------------------------|--------------------------|
| English | <input type="checkbox"/> | <input type="checkbox"/> |
| Spanish | <input type="checkbox"/> | <input type="checkbox"/> |
| Chinese | <input type="checkbox"/> | <input type="checkbox"/> |
| OTHERS: | _____                    |                          |

Would you be capable of lifting a patient when required? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Are you willing to take care of a pet/s? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Do you drive? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Number of years experience: \_\_\_\_\_

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The information provided in this application form is, correct and complete. If employed, any misstatement or omission of fact on this application may result in dismissal.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature