VERLIS CARE PROVIDER LLC

WHERE HEALING BEGINS
13911 AMAR RD SUITE H, LA PUENTE,CA 91746
(818)691-5110 OR (657)204-1998

EMPLOYMENT APPLICATION

☐ CAREGIVER ☐ CNA ☐ LVN ☐ RN

LAST NAME:	**FIRST NAME:**	**MI:**
AGE:	**GENDER:**	**SSN/ ITIN :**
ADDRESS:	**CITY:**	**ZIP CODE:**
PHONE NUMBER:	**DATE OF BIRTH:**	**ALT. PHONE NUMBER:**
EMAIL ADDRESS:	**CONTACT EMERGENCY PERSON:**	

How did you hear about our company?_____

Do you speak,write or understand any foreign languages? If yes, which languages?_____

What transportation will you use?_____

Are you over the age of 18?	☐ Yes	☐ No
Are you a U.S. citizen?	☐ Yes	☐ No
Are you legally entitled to work in the U.S.?	☐ Yes	☐ No
Have you convicted a felony?	☐ Yes	☐ No

If yes, explain:_____

Have you obtained any special skills or abilities as the result of service in the military? Yes No

Do you have a driver's license? _____ Yes ☐ No ☐

Marital Status? Single ☐ Married ☐ Divorced ☐

AVAILABILITY

Employment Desired: Part time ☐ Full time ☐ On Call ☐

When are you able to work? Morning ☐ Evening ☐ Night ☐

How many hours can you work weekly? _____

DAYS AVAILABLE TO WORK?

Sunday	☐	Thursday	☐
Monday	☐	Friday	☐
Tuesday	☐	Saturday	☐
Wednesday	☐	No preference	☐

You prefer to work with?	Male client	☐	Female Client	☐	Both	☐	
You prefer to work with?	Single Client	☐	Multiple Clients	☐	Both	☐	
Are you allergic to the ff.	Cats/ dogs	☐	Fragrances	☐	Smoke/cigarettes	☐	

If others: _____

EDUCATION

SCHOOL NAME	DEGREE EARNED	FROM	TO

WORK EXPERIENCE

COMPANY NAME	CONTACT NUMBER	POSITION	DATE (FROM / TO)	REASON FOR LEAVING

Do you have any health issues or conditions we should be aware of?_____

WHAT EXPERIENCE / EQUIPMENT ARE YOU FAMILIAR WITH?

Transfer board	☐ Yes	☐ No	**Walker**	☐ Yes	☐ No
Hoyer Lift	☐ Yes	☐ No	**Bedside Commode**	☐ Yes	☐ No
Gait Belt	☐ Yes	☐ No	**Nebulizer**	☐ Yes	☐ No
Hospital Bed	☐ Yes	☐ No	**Shower Chair**	☐ Yes	☐ No
Wheelchair	☐ Yes	☐ No	**Cane**	☐ Yes	☐ No
Oxygen Concentrator	☐ Yes	☐ No	**Others** _____		

WHICH OF THIS CONDITIONS ARE YOU FAMILIAR WITH?

Alzheimer's	☐ Yes	☐ No	**COPD**	☐ Yes	☐ No
Diabetes	☐ Yes	☐ No	**HIV**	☐ Yes	☐ No
Parkinson's	☐ Yes	☐ No	**Dementia**	☐ Yes	☐ No
Heart Condition	☐ Yes	☐ No	**Artritis**	☐ Yes	☐ No
Multiple Sclerosis	☐ Yes	☐ No	**Aphasia**	☐ Yes	☐ No
Asthma	☐ Yes	☐ No	**Others** _____		
Developmental Disabilities	☐ Yes	☐ No			

CARE DUTIES?

Standing Shower	☐ Yes	☐ No	**Transfer**	☐ Yes	☐ No
Sitting Shower	☐ Yes	☐ No	**Dressing**	☐ Yes	☐ No
Bed Bath	☐ Yes	☐ No	**Tube Feeding**	☐ Yes	☐ No
Shaving	☐ Yes	☐ No	**Assist with exercise**	☐ Yes	☐ No
Oral Care	☐ Yes	☐ No	**Meal Preparation**	☐ Yes	☐ No
Grooming	☐ Yes	☐ No	**Medication reminders**	☐ Yes	☐ No
Skin Care	☐ Yes	☐ No	**Ambulation Assistance**	☐ Yes	☐ No
Perineum care	☐ Yes	☐ No	**Others** _____		
Toileting	☐ Yes	☐ No			

Describe your personality:

Malpractice Insurance?	**Yes** ☐	**No** ☐
Insurance carrier:	**Policy Number:**	

This company is an equal employment opportunity employer. The company's policy is not to unlawfully discriminate against any applicant or employee on the basis of race, color, sex, religion, national origin, age, military status, disability, genetic information or any other consideration made unlawful by applicable federal, state, or local laws. The company also prohibits harassment of applicants and employees based on any of these protected categories. It is also this company's policy to comply with all applicable state and federal laws respecting consideration of unemployment status in making hiring decisions. Smoking is prohibited in the workplace.

ALL APPLICANTS WILL BE INTERVIEW AND WILL GO THROUGH A BACKGROUND CHECK. APPLICANTS MUST HAVE A NEGATIVE COVID TEST OR PROOF OF A VACCINATION.

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.

Applicant Signature:_____

Date:_____

Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

►START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.)*

Last Name *(Family Name)*	First Name *(Given Name)*	Middle Initial	Other Last Names Used *(if any)*

Address *(Street Number and Name)*	Apt. Number	City or Town	State	ZIP Code

Date of Birth *(mm/dd/yyyy)*	U.S. Social Security Number	Employee's E-mail Address	Employee's Telephone Number
	☐☐☐ - ☐☐ - ☐☐☐☐		

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

☐ 1. A citizen of the United States

☐ 2. A noncitizen national of the United States *(See instructions)*

☐ 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____

☐ 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____
Some aliens may write "N/A" in the expiration date field. *(See instructions)*

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____

OR

3. Foreign Passport Number: _____

Country of Issuance: _____

QR Code - Section 1
Do Not Write In This Space

Signature of Employee	Today's Date *(mm/dd/yyyy)*

Preparer and/or Translator Certification (check one):

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.

(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator	Today's Date *(mm/dd/yyyy)*

Last Name *(Family Name)*	First Name *(Given Name)*

Address *(Street Number and Name)*	City or Town	State	ZIP Code

STOP *Employer Completes Next Page* STOP

LISTS OF ACCEPTABLE DOCUMENTS
All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		**1.** Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		**1.** A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		**2.** ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		**2.** Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		**3.** School ID card with a photograph		**3.** Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		**4.** Voter's registration card		**4.** Native American tribal document
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: **a.** Foreign passport; and **b.** Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		**5.** U.S. Military card or draft record		**5.** U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card		**6.** Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		**7.** Employment authorization document issued by the Department of Homeland Security
		8. Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
		For persons under age 18 who are unable to present a document listed above:		
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		**10.** School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		

Examples of many of these documents appear in the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

CRIMINAL RECORD STATEMENT

State law requires that persons associated with licensed facilities or Home Care Aide Registry applicants be fingerprinted and disclose any conviction. A conviction is any plea of guilty or nolo contendere (no contest) or a verdict of guilty. The fingerprints will be used to obtain a copy of any criminal history you may have.

Have you ever been convicted of a crime in California ? . . . . . ☐ YES ☐ NO

You need not disclose any marijuana-related offenses covered by the marijuana reform legislation codified at Health and Safety Code sections 11361.5 and 11361.7.

Have you ever been convicted of a crime from another state, federal court, military or jurisdiction outside of U.S.? . . . . . ☐ YES ☐ NO

Criminal convictions from another State or Federal court are considered the same as criminal convictions in California.

If you answer YES, give details on the back of this page indicating the nature and circumstances of each crime and the date and the location in which each crime occurred.

You must disclose convictions, including reckless and drunk driving convictions even if:

1. It happened a long time ago;
2. It was only a misdemeanor;
3. You didn't have to go to court (your attorney went for you);
4. You had no jail time or the sentence was only a fine or probation;
5. You received a certificate of rehabilitation;
6. The conviction was later dismissed, set aside or the sentence was suspended.

NOTE: IF THE CRIMINAL BACKGROUND CHECK REVEALS ANY CONVICTION(S) THAT YOU DID NOT DISCLOSE ON THIS FORM, YOUR FAILURE TO DISCLOSE THE CONVICTION(S) WILL RESULT IN AN EXEMPTION DENIAL, LICENSE APPLICATION DENIAL, LICENSE REVOCATION, OR EXCLUSION FROM A LICENSED FACILITY/ORGANIZATION.

I declare under penalty of perjury under the laws of the State of California that I have read and understand the information contained in this affidavit and that my responses and any accompanying attachments are true and correct.

FACILITY/ORGANIZATION NAME		FACILITY/ORGANIZATION NUMBER	
VERLIS CARE PROVIDER LLC		194700900	
YOUR NAME *(PRINT CLEARLY)*	YOUR ADDRESS	CITY	ZIP
SOCIAL SECURITY NUMBER *(SEE PRIVACY STATEMENT ON REVERSE SIDE)*	DATE OF BIRTH	DMV LICENSE NUMBER	
SIGNATURE		DATE	

I. Instructions to Respondents:

If you have been convicted of a crime in California, another state or in federal court, provide the following information:

(You need not disclose any marijuana-related offenses covered by the marijuana reform legislation codified at Health and Safety Code sections 11361.5 and 11361.7.)

What was the offense? _____

In which state and city did you commit the offense? _____

When did this occur? _____

Tell us what happened. (Use additional sheets of paper if needed) _____

I certify under penalty of perjury that the above information is true and correct to the best of my knowledge.

Signature _____ ***Date*** _____

II. Instructions to Licensees:

If the person discloses a criminal conviction, review the person's statement and discuss it with your Licensing Program Analyst (LPA). Maintain this form in your facility/organization personnel file and send a copy to your LPA.

PRIVACY STATEMENT

Pursuant to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1977 (Civil Code section 1798 et seq.), notice is given for the request of the Social Security Number (SSN) on this form. The California Department of Justice uses a person's SSN as an identifying number. The requested SSN is voluntary. Failure to provide the SSN may delay the processing of this form and the criminal record check.

In order to be licensed, work at, or be present at, a licensed facility/organization, the law requires that you complete a criminal background check. (Health and Safety Code sections 1522, 1568.09, 1569.17, 1596.871, and 1796.19). The Department will create a file concerning your criminal background check that will contain certain documents, including information that you provide. You have the right to access certain records containing your personal information maintained by the Department (Civil Code section 1798 et seq.). Under the California Public Records Act, the Department may have to provide copies of some of the records in the file to members of the public who ask for them, including newspaper and television reporters.

NOTE: IMPORTANT INFORMATION
The Department is required to tell people who ask, including the press, if someone in a licensed facility/organization has a criminal record exemption. The Department must also tell people who ask, the name of a licensed facility/organization that has a licensee, employee, resident, or other person with a criminal record exemption.

If you have any questions about this form, please contact your local licensing regional office.

NOTICE

EMPLOYEE RIGHTS

Instructions:

This form is intended to meet the requirements of Health and Safety Code Sections 1596.881 and 1596.882 which require that employees be informed of their rights, at the time of employment, to filing complaints against their employer for violating any licensing law or regulation. The child care facility licensee is required to give the employee this form, to have the employee complete and detach the bottom of the form, and to maintain the signed acknowledgement of receipt of the form in the employee's file.

No employer shall discharge, demote, suspend or threaten to discharge, demote or suspend, or in any manner discriminate against any employee for taking any of the following actions:

1. Making an oral or written complaint against the employer to the California Department of Social Services or other agency having statutory responsibility for enforcement of the law or to the employer or representative of the employer for the violation of any licensing law or other laws (including but not limited to laws relating to child abuse, staff-child ratios, etc.).

2. Instituting or causing to be instituted any proceeding against the employer regarding the violation of any licensing law or other laws.

3. Is, or will be, a witness or testifier in a proceeding regarding the violation of any licensing law or other law.

4. Refusing to perform work that is in violation of a licensing law or regulation after notifying the employer of the violation.

Pursuant to Health and Safety Code Section 1596.882, an employee alleging the violation by the employer of any action described above shall do the following:

1. Present the employer with a claim alleging violation of the employee's rights within 45 days after the discharge, demotion, suspension or threat thereof or for discriminating against the employee for taking such action.

2. File a claim with the Division of Labor Standards Enforcement no later than 90 days after the employer takes any of the above described actions against the employee.

Upon receipt of the employee's complaint, the Division of Labor Standards Enforcement shall do whatever investigation it deems appropriate to resolve the complaint. If it is determined that the employer has violated the employee's rights, the Division of Labor Standards Enforcement shall take action against the employer in any appropriate court. The court shall have jurisdiction of any action taken as well as to issue restraining orders and any other appropriate relief, including rehiring and reinstatements of the employee to his or her former position with backpay and benefits.

Within 30 days of receipt of a complaint from an employee as outlined above, the Division of Labor Standards Enforcement shall review the facts of the complaint and set either a hearing date or notify the employee and the employer of its decision. Where necessary, the Division of Labor Standards Enforcement shall begin the appropriate court action to enforce the decision.

Except for any grievance procedure or arbitration or hearing that is available to the employee pursuant to a collective bargaining agreement, Section 1596.882 is the exclusive means for presenting claims.

To file a claim with the Division of Labor Standards Enforcement, check the white pages of the local telephone directory under State Government Offices, California State of, Industrial relations Department, Labor Standards Enforcement-Working Conditions, for the local telephone number and address of the nearest office, or contact the headquarters office at P.O. Box 603, San Francisco, CA 94101, telephone (415) 703-4810.

(Detach Here)

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(This form is to be retained in the employee's file)

EMPLOYEE RIGHTS

This is to acknowledge that I ______________________ have received a copy of
(PLEASE PRINT NAME OF EMPLOYEE)

"EMPLOYEE RIGHTS" from my employer OLIVER TANGUILAN, who is the
(PLEASE PRINT NAME OF EMPLOYER)

licensee or authorized representative of VERLIS CARE PROVIDER LLC HCO# 194700900
(PLEASE PRINT NAME OF FACILITY)

______________________ ______________
(SIGNATURE OF EMPLOYEE) (DATE)

Submit Here