



755 N Peach Ave Suite G-3 Clovis CA 93611 (559) 772-4673 OFFICE | (559) 314-6122 FAX | email [mycareer@omnihc.com](mailto:mycareer@omnihc.com)

To our prospective employees,

Thank you for taking the time completing this application process. We know how frustrating it is to complete an application which is why we are here to help you. Our hiring team at PREMIER HOME HEALTH is a dynamic group of professionals who wanted to see your success and have you become a part of our growing family. If there are any questions during this application process please feel free to contact us at the number or email above.

Attached is the first part of the application, once complete you may send it by mail, email or fax.

- Employment Application
- Resume
- 2 References Check form
- All the required documentations on page 1

By mail:            OMNIA Healthcare LLC  
                         Attn: Bernadette M. Garcia-Dar  
                         755 N. Peach Ave Ste G-3  
                         Clovis, CA 93611

By Email:         [mycareer@omnihc.com](mailto:mycareer@omnihc.com)  
                         Subject: JOB APPLICATION FOR (ie. HHA, MSW, ST, OT, PT, RN)

By FAX:            (559) 314-6122

Any inquiries please call us @ (559) 772-4673 or email us at [mycareer@omnihc.com](mailto:mycareer@omnihc.com)  
(subject: JOB APPLICATION INQUIRY)



Please provide the following copies with your application. Copies of these documents will be kept with your records. Keep in mind that the original will be required upon hire for verification:

- Professional RESUME
- CA Driver's License
- Social Security Card OR
- Proof of Auto Insurance
- Proof of Professional Liability Insurance (per diem employees only)
- Professional License (will be subject for verification)
- Diploma/Degree/Certificate
- CPR/ACLS/First Aid certificate

UPON HIRING THESE ADDITIONAL DOCUMENTS ARE NEEDED AS PART OF EMPLOYMENT REQUIREMENTS

- Live Scan/Criminal Background Clearance
- PPD RESULT/CHEST X RAY (If positive PPD)
- Immunization Record
- Hepatitis Requirement
- I – 9 Form Requirement/Documents

**You may email or FAX the entire packet to Premier Home Health LLC at (559) 314-6122 or email at [mycareer@omniahc.com](mailto:mycareer@omniahc.com) put JOB APPLICATION TITLE on the subject box.**



**EMPLOYMENT APPLICATION**

**APPLICANT INFORMATION**

All prospective employees will receive consideration without discrimination due to gender, race or ethnicity, creed, age, natural origin or disability/handicap. All information provided herein will be kept CONFIDENTIAL.

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
LAST NAME FIRST MIDDLE NAME

MARITAL STATUS (check one):  SINGLE  MARRIED  DIVORCE/SEPARATED  DO NOT WISH TO DISCLOSE

GENDER:  MALE  FEMALE ETHNICITY/RACE (please specify): \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address Apartment/Unit #  
\_\_\_\_\_  
City State ZIP Code

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Position Applying for (check one):  RN  PT  OT  ST  MSW  
 LVN/LPN  PT AIDE  OT AIDE  HHA

How many hours a week are you available for work? \_\_\_\_\_ HRS/WK

Are you willing to work (check all that apply)?  DAY SHIFT (0800-1700)  WEEKEND (FRI-SUN 12 HR SHIFT)  
 ON CALL NIGHTS (12 HR SHIFT)

How did you learn about our company?  Newspaper  Online Search Engine  Referred by \_\_\_\_\_

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO  
 YES  NO  YES  NO

Have you ever worked for this company? YES NO If yes, when? \_\_\_\_\_  
 YES  NO

**EDUCATIONAL BACKGROUND**

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO Diploma: \_\_\_\_\_  
 YES  NO

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO Degree: \_\_\_\_\_  
 YES  NO

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

**PROFESSIONAL & PERSONAL REFERENCES**

*Please list three professional references.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**PREVIOUS EMPLOYMENT/EMPLOYMENT HISTORY**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_  
Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

\_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_  
Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

\_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Was your name different from your present name during the above listed job?  YES  NO

If yes, what was your name? \_\_\_\_\_ Are you currently employed?  YES  NO

Do you have reliable transportation?  YES  NO DRIVER'S LICENSE No. \_\_\_\_\_ STATE/EXP \_\_\_\_\_

VEHICLE LICENSE # \_\_\_\_\_ YEAR/MODEL \_\_\_\_\_ AUTO INSURANCE  YES  NO

AUTO INSURANCE CARRIER \_\_\_\_\_

### GENERAL/BACKGROUND HISTORY

Have you ever been convicted of a felony/crime in the past 5 years barring employment in a Home C Support Agency or the like? *Conviction will not necessarily disqualify an applicant from employment.* YES  NO

If yes, explain in full (you may use a separate attachment if needed): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you capable of performing the job set forth in the job description?  YES  NO

If you answered No, which job requirement can you not meet? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### MILITARY SERVICE

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

### DISCLAIMER AND SIGNATURE

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# APPLICATION FOR EMPLOYMENT CONT.

## **CREDENTIALS/SPECIALIZED SKILLS & QUALIFICATIONS/EQUIPMENT OPERATED**

*List all states in which licensed giving registration and expiration date. Summarize special job-related skills and qualification acquired from employment or other experience.*

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand, that, if employed, falsified statements on this application SHALL BE GROUNDS FOR DISMISSAL

I Authorize complete investigation of all statements contained herein and hereby give my full permission for the Agency to contact and fully discuss my background and history with all persons and entities listed above to give the Agency any and all information concerning my previous employment and any information they may have, and release all former employees and others listed above from all liability for any damage that may result from furnishing the same to the Agency.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time for any lawful reason, without prior notice and with or without cause.

I understand that I have to provide copies of basic required documentations to be considered for employment during submission of this application (either hard copies or scanned copies if application is e-filled) and the rest of the required documentations and competencies upon start of employment. *A list of these requirements will be given upon acceptance of employment by Premier Home Health.*

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period shall inquire as to whether or not applications are being accepted at that time.

**DATE:** \_\_\_\_\_ **SIGNATURE** \_\_\_\_\_

APPLICANT REFERENCE CHECK (2)

Please fill the following forms to be submitted by the agency to your chosen references (preferably previous employer or professional reference and a personal reference).

NAME: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: (     ) \_\_\_\_\_

HOW MANY LONG HAVE YOU KNOWN THIS PERSON? \_\_\_\_\_

WHAT IS YOUR RELATIONSHIP WITH THIS PERSON? \_\_\_\_\_

NAME: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: (     ) \_\_\_\_\_

HOW MANY LONG HAVE YOU KNOWN THIS PERSON? \_\_\_\_\_

WHAT IS YOUR RELATIONSHIP WITH THIS PERSON? \_\_\_\_\_



To Whom It May Concern:

The applicant named below has submitted an application for employment with our firm. Please verify employment and rate the performance of this candidate. This information provided is for our firm's use only and will not be given to the candidate.

**To be filled out by applicant:**

Applicant Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_ - \_\_\_\_\_

Fax: ( ) \_\_\_\_ - \_\_\_\_\_

**I hereby authorize the following information to be released for all previous employers listed. I release you and all persons and organizations from all claims and liabilities of any nature from any information given.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To be completed by previous employer:**

Date of employment: From: \_\_\_\_\_ To: \_\_\_\_\_ Position Held: \_\_\_\_\_

Would you rehire this individual? Yes \_\_\_ No \_\_\_

Responsibilities:

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Reason for Leaving:

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Rate of Pay: \$ \_\_\_\_\_/HOUR  WEEKLY  BI-WEEKLY

\$ \_\_\_\_\_  SALARY MONTHLY

Additional comments (training/skills)

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Reference check performed by \_\_\_\_\_ Date \_\_\_\_\_





To Whom It May Concern:

The applicant named below has submitted an application for employment with our firm. Please verify character and performance of this candidate. This information provided is for our firm's use only and will not be given to the candidate.

**To be filled out by applicant:**

Applicant Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Reference Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_

Fax: (     ) \_\_\_\_\_ - \_\_\_\_\_

**I hereby authorize the following information to be released about my personality and character. I release you and all persons and organizations from all claims and liabilities of any nature from any information given.**

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**To be completed by a professional or a personal reference :**

How long have you known the applicant? \_\_\_\_\_

Would you hire this individual? Yes \_\_\_ No \_\_\_\_\_

Describe this person's work ethics:

\_\_\_\_\_

Describe this person as you know him:

\_\_\_\_\_

\_\_\_\_\_

Additional comments

\_\_\_\_\_

\_\_\_\_\_

Reference check performed by \_\_\_\_\_ Date \_\_\_\_\_



**Employee Emergency Contact Information**

Employee Name: \_\_\_\_\_

Address:

\_\_\_\_\_

Street	Apt/Suite	City	State	Zipcode
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Home Phone: (    ) \_\_\_\_\_ - \_\_\_\_\_      Cell Phone: (    ) \_\_\_\_\_ - \_\_\_\_\_

Next of kin: \_\_\_\_\_      Contact Phone #: (    ) \_\_\_\_\_ - \_\_\_\_\_

Relationship: \_\_\_\_\_

Address:

\_\_\_\_\_

Street	Apt/Suite	City	State	Zipcode
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**\*In case of emergency, please contact:**

Name: \_\_\_\_\_      Phone: (    ) \_\_\_\_\_ - \_\_\_\_\_

Relationship: : \_\_\_\_\_

Address: \_\_\_\_\_

Street	Apt/Suite	City	State	Zipcode
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\*Please notify this Agency immediately if any of the emergency contact information changes.