



402 W. Arrow Hwy, Suite One
San Dimas, CA 91773

Phone: (888) 368-6868
Fax: (909) 305-4669

New Applicant Packet

Sonnet Home Health, Inc.

EMPLOYMENT APPLICATION

An Equal Opportunity Employer

PERSONAL					
Last Name	First Name	Middle Name	Soc. Sec. No.		
Home Address		City:	State:	Zip:	Driver License No.
Day Phone	Evening Phone	Name of person through whom you may be contacted.			Phone No.
ARE YOU 18 OR OVER? <input type="checkbox"/> Yes <input type="checkbox"/> No	CAN YOU FURNISH PROOF THAT YOU ARE LEGALLY PERMITTED TO WORK IN THE UNITED STATES? <input type="checkbox"/> Yes <input type="checkbox"/> No				
IF HIRED, YOU WILL BE REQUIRED TO SUBMIT PROOF OF AGE.					
OTHER NAMES USED DIFFERENT FROM PRESENT NAME?		HAVE YOU EVER BEEN CONVICTED OF FELONY OR MISDEMEANOR? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, plain explain. (Record of conviction does not necessarily disqualify you from employment)					

EDUCATION			
High School	Location	Check Last Grade Completed <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	Diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No
College or University	Location	Check Last Grade Completed <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Degree or Major
College or University	Location	Check Last Grade Completed <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Degree or Major
Other Education	Location	Check Last Grade Completed <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Degree or Major

PROFESSIONAL LICENSE / CERTIFICATION:					
Type	Number	State Issued	Date Issued	Expires On	Confirmed
Type	Number	State Issued	Date Issued	Expires On	Confirmed

List any professional organizations on which you are a member (You may omit any which indicates sex, religion, national origin, ancestry, handicap or disability, race, age, sexual orientation, marital status, or veterans status.)

U.S. MILITARY EXPERIENCE		
BRANCH	INITIAL BRANCH	FINAL BRANCH

SERVICE SCHOOLS ATTENDED

EMPLOYMENT HISTORY (LIST MOST RECENT FIRST)				
(1) Name of Employer	Address	City:	State:	Zip:
Job Title	Immediate Supervisor	Employed From		Employed To
Work Performed		Starting Salary \$		Ending Salary \$
Reason for Leaving				
Explain Time Lapse Between Employment				

Sonnet Home Health, Inc.

EMPLOYMENT APPLICATION

EMPLOYMENT HISTORY (LIST MOST RECENT FIRST) continued

(2) Name of Employer	Address	City:	State:	Zip:
Job Title	Immediate Supervisor	Employed From	Employed To	
Work Performed		Starting Salary \$	Ending Salary \$	
Reason for Leaving				
Explain Time Lapse Between Employment				

(3) Name of Employer	Address	City:	State:	Zip:
Job Title	Immediate Supervisor	Employed From	Employed To	
Work Performed		Starting Salary \$	Ending Salary \$	
Reason for Leaving				
Explain Time Lapse Between Employment				

REFERENCES

Name	Relationship	Home Phone	Daytime Phone
Name	Relationship	Home Phone	Daytime Phone
Name	Relationship	Home Phone	Daytime Phone

ACKNOWLEDGEMENT

I hereby certify that the information contained in this application is true and correct to the best of my knowledge and I agree to have any of the statement checked by the agency unless I have indicated to the contrary. I authorize the references listed above to provide the agency any and all information concerning my previous employment and any pertinent information that they may have. Further, I release all parties and persons from any and all liability and damages that may result from furnishing such information to the agency as well as from the use of disclosure of such information by the agency or any of its agents, employees, or representatives. I understand that any misrepresentation, falsification or material omission of information on this application may result in my failure to receive an offer or, if I am hired, in my dismissal from employment.

In consideration of my employment, I agree to conform to the rules and standards of the agency and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice. At any time, either at my option or at the option of the agency, I understand that no employee or representative of the agency other than the President of the agency has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. Further, the President of the company may not alter the "at will" nature of the relationship unless he does so specifically and in writing I also understand that all the offers of employment are conditioned on the provision of satisfactory proof of an applicant's identity and legal right to work in the United States.

I understand that any offer of employment with this agency may be conditioned on completing a pre-employment medical examination Purpose of medical examination is to determine whether I am able to perform the essential function of the job I am offered with or without reasonable accommodation. To identify any reasonable accommodation if such is warranted, and to ensure that my performance of the essential functions does not present a direct threat to my health and safety or the health and safety of others. I agree to fore go such pre-employment medical examination if hired by the agency. I further agree to undergo any periodic medical examinations which are permitted or required by law.

The agency complies with the Federal and State Laws which prohibit discrimination on the basis of race color, age, sex, religion, national origin, ancestry, disability and handicap veteran status, medical condition (as defined by California law), sexual orientation and marital status.

Applicant's Signature

Date

FOR OFFICIAL USE ONLY

Received by	Approved by	Transmitted by
Date Received	Date Approved	Date Transmitted

**Background Release Form
Disclosure and Authorization**

In connection with my application for employment (including contract for service) with Sonnet Home Health, Inc. ("the Company"), I understand that investigative inquiries may be obtained on myself by a consumer reporting agency, and that any such report will be used solely for employment-related purposes. I understand that the nature and scope of this investigation will include a number of sources including, but not limited to, consumer credit, criminal convictions, motor vehicle, and other reports. These reports will include information as to my character, general reputation, personal characteristics, mode of living, and work habits. Information relating to my performance and experience, along with reasons for termination of past employment from previous employers, may also be obtained. Further, I understand that you will be requesting information from various Federal, State, County and other agencies that maintain records concerning my past activities relating to my driving, credit, criminal, civil, education, and other experiences.

I understand that if the Company hires me, it may request a consumer report or an investigative consumer report about me for employment-related purposes during the course of my employment. The scope of this investigation will be the same as the scope of a pre-employment investigation, and that the nature of such an investigation will be my continuing suitability for employment, or whether I possess the minimum qualifications necessary for promotion or transfer to another position. I understand that my consent will apply throughout my employment, unless I revoke or cancel my consent by sending a signed letter or statement to the Company at any time, stating that I revoke my consent and no longer allow the Company to obtain consumer or investigative consumer reports about me.

I understand that I am being given a copy of the "Summary of Your Rights Under the Fair Credit Reporting Act" prepared pursuant to 15 U.S.C. Section 1681-1681u. If I am applying for employment in the State of California or if I am a resident of California at the time of applying for employment, a summary of the provisions of California Civil Code section 1786.22 is also being provided to me with this form. If I am applying for employment in the State of New York or if I am a resident of New York at the time of applying for employment, in compliance with Section 380-c of the New York General Business Law, I am being provided with a copy of NY Correction Law Article 23-a. This Disclosure and Authorization form, in original, faxed, photocopied or electronic form, will be valid for any reports that may be requested by the Company.

I authorize without reservation any party or agency contacted by this employer to furnish the above-mentioned information. I hereby consent to your obtaining the above information from Accurate Background, Inc. (and/or any of their licensed agents) located at 6 Orchard, Suite 200, Lake Forest, CA 92630, (800) 784-3911, www.accuratebackground.com. I understand to aid in the proper identification of my file or records the following personal identifiers, as well as other information, is necessary.

Print Name _____

Other Names Known By _____

Social Security Number _____ - _____ - _____ Date of Birth ____/____/____

Driver License Number _____ State _____

Current Address _____

City _____ State _____ ZIP _____

Applicant Signature _____ Date _____

Prospective Employer Sonnet Home Health, Inc.

California, Oklahoma or Minnesota Applicants:
I would like to receive a copy of any report obtained on me by "the Company".
 Yes No

Email: _____