

EMPLOYMENT APPLICATION	<i>Date of Application:</i>
This form is to be completed by applicant.	Facility Name: The Birches Residential Care
Please complete all areas of the form, leaving no blank spaces unless information is non-applicable	Facility Address: 810 Sutter Ave., Palo Alto 94303-3941
	Facility Type & License Number: RCFE, 435200598

PERSONAL DATA

<i>Last Name</i>	<i>First Name</i>	<i>MI</i>	<i>Home phone:</i>	<i>Other phone:</i>	
<i>Address</i>			<i>Are you 18 years of age or older? Yes No</i> <i>If not, please state your age:</i>		
<i>Date of most recent physical:</i>		<i>Date of most recent TB test:</i>	<i>Social Security Number:</i>		
<i>Have you ever been employed under a different name? Yes No If yes, please list all names used:</i>					
<i>Do you have a valid California driver's license?</i> <i>Yes No CDL No.:</i>			<i>Has your driver's license ever been suspended or revoked?</i> <i>Yes No If yes, please explain</i>		
<i>Nearest living relative – Name:</i>			<i>Relationship:</i>		<i>Phone number:</i>
<i>Address:</i>				<i>Alternate phone number:</i>	

DESIRED POSITION

<i>Position title:</i>	<i>Desired salary or hourly wage:</i>	<i>Days & hours desired:</i>	<i>Date available:</i>
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PAST EMPLOYMENT – List most recent experience first. Please attach your resume, if current, and provide complete information for the past ten years.. If additional space is needed, attach extra pages.

<i>Employer Name & Address</i>	<i>Supervisor's Telephone Number</i>	<i>Job title & responsibilities</i>	<i>Reason for Leaving</i>	<i>Dates of Employment</i>	
				<i>From:</i>	<i>To:</i>

EDUCATION

<i>Circle highest year completed:</i> 6 7 8 9 10 11 12	<i>Diploma/Certification:</i>	<i>Currently enrolled in high school completion course? Yes No</i> <i>Anticipated date of completion:</i>
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EMPLOYMENT-RELATED TRAINING: Include Standard First Aid/CPR training & certificate dates

<i>Course Title</i>	<i>School/Organization Name & Address</i>	<i>Number of Units/– CEUs Completed</i>	<i>Date Completed</i>	<i>Currently enrolled? Yes or No</i>

Applicant signature

Date