



Mi Casa Primary Home Care, Inc.

Tel. (956) 380-2220

Fax: (956)383-6337

3907 S. Sugar Rd. Edinburg, Tx 78539

APPLICATION FOR EMPLOYMENT

PLEASE COMPLETE PAGES 1-3 DATE/FECHA _____

Name/Nombre _____

Last
First
Middle
Maiden

Present address/Direccion _____

Number
Street
City
State
Zip

Social Security No. _____ - _____ - _____

Telephone/Telefono () _____ Cellular() _____

If under 18, please list age _____

Position applied for (1) _____
 and salary desired (2) _____
 (Be specific)

Days/hours available to work
Dias/horas disponibles para trabajar
 No Pref _____ Thur _____
 Mon _____ Fri _____
 Tue _____ Sat _____
 Wed _____ Sun _____

How many hours can you work weekly? _____ Can you work nights? _____

When available for work/ Cuando esta disponible para trabajar? _____ - _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

We will be checking for NAR, EMR and Criminal History, to verify that an unlicensed applicant is not listed with a finding concerning abuse, neglect or exploitation or mistreatment of a client.
 Vamos a revisar NAR, EMR Y Historial Criminal (siglas en ingles). Esto es para verificar que los aplicantes sin licencia no esten enlistados con un hallazgo relacionada con abuso, negligencia, explotacion o maltrato de un cliente.

DO YOU HAVE A DRIVER'S LICENSE? Yes No
 TIENE LINCENCIA DE CONDUCIR? Yes No

Please list two references other than relatives or previous employers.

Nombre dos referencias que no sean familiares o supervisores anteriores

Name/Nombre _____	Name/Nombre _____
Relationship/Relacion _____	Relationship/Relacion _____
Address/Direccion _____	Address/Direccion _____
_____	_____
Telephone/Telefono () _____	Telephone/Telefono () _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

Aves para una persona es dificil dar un resumen completo y adecuado de sus antecedentes. Por esta razon use el espacio proveido para resumir o dar cualquier información adicional que usted considere necesaria para describir sus qualificaciones para la pocision especifica para la que esta aplicando.

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES/ A ESTADO EN LAS FUERZAS ARMADAS? Yes No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD/ ES USTED UN MIEMBRO DE LA GUARDIA NACIONAL? Yes No

Work Experience Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Experiencia Laboral Porfavor enliste su experiencia laboral de los cinco anos pasados, empezando con el trabajo mas reciente que dejo. Si usted era empleado por su propia cuenta, escriba su nombre. Adjunte hojas adicionales en caso necesario.

Name of employer/Nombre de la compañía	Name of last supervisor/ Nombre del Supervisor (a)	Employment dates Fechas de Empleo	Pay or salary Pago ó Salario
Address/Direccion		From/De To/Hasta	Start/Empezo Final/Termino
City, State, Zip Code/Ciudad, Estado, Codigo Postal	Your last job title/Su Cargo		
Phone number/Numero de Telefono			

Reason for leaving (be specific)/Razon por la que dejo el trabajo (sea especifica)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. Enliste los trabajos que hacia, tareas hechas, habilidades que uso o aprendio, avances o promociones mientras trabajo para esta compañía.

May we contact your present employer? Yes No

Did you complete this application yourself Yes No

If not, who did? _____

PLEASE READ CAREFULLY/ LEA CUIDADOSAMENTE

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by *MJ casa**
Primary Home Care, Inc (hereinafter called "the Company"), I agree that:*

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of _____, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and _____ may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.*

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. **I UNDERSTAND THAT A CRIMINAL HISTORY CHECK WILL BE CONDUCTED.** I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), criminal history background check, references, and others, and hereby release the Company from any liability as a result of such contract.*

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.*

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.*

Signature of applicant _____ **Date:** _____

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.*

*En caso que no entienda/lea en ingles un empleado (a) de la compañía lo assitira explicandole y tarduciendole lo que sea necesario

Thank you for completing this application form and for your interest in our business.

Gracias por completar esta aplicacion y por su interes en nuestra compania.