

# Employment Application



LTP Care Continuum  
Making the Difference in  
Quality of Care

LTP Care Continuum Inc.  
2151 Salvio Street Suite 255  
Concord, ca 94520  
Phone: (925) 246-9314  
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Thank you for inquiring about current positions with LTP Care Continuum. Our job openings are ever-changing. We are committed to providing a caring supportive environment where team members can grow and develop their careers. Your application is important to us. Please complete all documents. Incomplete applications cannot be processed. We consider applicants for all positions without regard to age, race, color, religion, sex, sexual, orientation, national origin, marital status, veteran status, or any other legally protected status. It is critical that all questions be considered for serious consideration of your employment with us.

<b>Personal Information</b> <span style="float: right;">Date : ____/____/____</span>		
Last name :	Middle initial :	First Name :
Address :		
Home Phone : (____) ____ - ____	Mobile Phone : (____) ____ - ____	
Are you over 18 years of age? ( ) yes ( ) no	Social Security Number :	

<b>Employment Information</b>	
Position desired :	( ) Part time ( ) Full time
Earliest date available - to begin working : ____/____/____	
Select Shift Desired : ( ) Day Shift ( ) Night Shift ( ) NOC Shift	

Are you related to anyone currently employed with LTP Care Continuum? ( ) yes ( ) no		
<i>If yes, state their name, job title, and relationship in the space below :</i>		
Name :	Job title :	Relationship :



## Employment History

List your previous three employers starting from the most recent and working your way back. (Please account for any gaps.)

Company Name :		Employed from : ___/___/___ to ___/___/___
Job title :		Supervisor :
Address :	List specific duties and or responsibilities :	
	Reason for leaving :	
Telephone : (    )		

Company Name :		Employed from : ___/___/___ to ___/___/___
Job title :		Supervisor :
Address :	List specific duties and or responsibilities :	
	Reason for leaving :	
Telephone : (    )		

Company Name :		Employed from : ___/___/___ to ___/___/___
Job title :		Supervisor :
Address :	List specific duties and or responsibilities :	
	Reason for leaving :	
Telephone : (    )		

May we contact your employer?

## References

Please list three individuals who have firsthand knowledge of your abilities, experience, and work habits :

Name :	Telephone : (    )
Address :	Relationship :

Name :	Telephone : (    )
Address :	Relationship :

Name :	Telephone : (    )
Address :	Relationship :

Please list relevant skills you possess (e.g. housekeeping, kitchen, bookkeeping, typing, clerical, computer software skills, etc.) or any additional information / comments that will help us better evaluate your application :

Please list all job related organizations, clubs, professional societies, or other associations to which you belong :

*\*You may omit those that indicate race, religious creed, national origin, ancestry, physical or mental disability, sex, or age.*

<p>Do you currently hold a valid professional license or certificate?    <input type="checkbox"/> yes    <input type="checkbox"/> no</p> <p><i>If so, indicate type :</i></p> <p><input type="checkbox"/> Certified Nursing Assistant</p> <p><input type="checkbox"/> Licensed Vocational Nurse / LPN</p> <p><input type="checkbox"/> Registered Nurse</p> <p><input type="checkbox"/> Administrator</p> <p><input type="checkbox"/> Other _____</p>		
State issued :	License number :	Expiration date : ____/____/____

<p>How did you hear about this position?</p> <p><input type="checkbox"/> Newspaper</p> <p><input type="checkbox"/> Internet</p> <p><input type="checkbox"/> Refereed by employee / friend</p> <p><input type="checkbox"/> Department of unemployment</p> <p><input type="checkbox"/> Other _____</p>
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I certify that all of the information set forth herein is true and correct. I understand that discovery of all false statements, misrepresentations or omissions of requested information on this application shall be grounds for immediate dismissal. I authorize investigation of any factual statements supplied on the application including criminal background check, and hereby release my present / past employer and named references from any damages that may result from furnishing said information. I also hereby consent to the medical examination by a physician at the companies request and expense. I acknowledge that if I am hired, my employment may be terminated at any time either by me or my employer, with or without cause, for any reason or no reason at all. I certify that I have read the above statement and understand its terms.

Applicants Signature \_\_\_\_\_

Date \_\_\_\_\_