

# Bay Area Care Facilities

## Employment Application Form

Full Name: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

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

Are you licensed in the state of California?      \_\_\_ CNA      \_\_\_ HHA      \_\_\_ None

Are you over 18?      \_\_\_ Yes      \_\_\_ No

Do you have a California driver's license?      \_\_\_ Yes      \_\_\_ No

Do you own a car?      \_\_\_ Yes      \_\_\_ No

What shifts would you prefer?      \_\_\_ Days      \_\_\_ Nights

   \_\_\_ PM      \_\_\_ Live-In

Previous Experience:

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

How did you hear about us?

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

Submit your completed form to:

### **Bay Area Care Facilities**

3109 Concord Blvd., Concord, California, 94521

Phone: (925) 689-8311

Mobile: (925) 457-0120