



Helping Hands Patient Services, LLC

9800 S. LaCienega Blvd. Suite 200 #13
Inglewood, California 90303
(855)401-2504

JOB APPLICATION

Helping Hands Patient Services, LLC is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please fill out all of the sections below:

Applicant Information

First Name: _____ Middle Name: _____ Last Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Telephone Number: _____ Email Address: _____

Employment Position:

Position(s) applying for: Safe Patient Handling Associate (part time)

How did you hear about this position? _____
What days are you available for work? _____
What hours or shift are you available for work? _____
On what date can you start working if you are hired? _____
Do you have reliable transportation to and from work? _____
Salary desired: _____

Personal Information

Are you 18 years of age or older? **Yes** **No**
Are you a U.S. citizen or approved to work in the United States? **Yes** **No**
What document can you provide as proof of citizenship or legal status?

Will you consent to a mandatory controlled substance test? **Yes** **No**
Do you have any condition which would require job accommodations? **Yes** **No**
If yes, please describe accommodations required below.

Job Skills/Qualifications

Please list below the skills and qualifications you possess for the position for which you are applying:

(Note: Helping Hands Patient Services, LLC complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.)

Education and Training

HIGH SCHOOL

| Name | Location (City, State) | Year Graduated | Degree Earned |
|------|------------------------|----------------|---------------|
| | | | |

COLLEGE/UNIVERSITY

| Name | Location (City, State) | Year Graduated | Degree Earned |
|------|------------------------|----------------|---------------|
| | | | |

VOCATIONAL SCHOOL/SPECIALIZED TRAINING

| Name | Location (City, State) | Year Graduated | Degree Earned |
|------|------------------------|----------------|---------------|
| | | | |

Military:

Are you a member of the Armed Services? _____

What branch of the military did you enlist? _____

What was your military rank when discharged? _____

How many years did you serve in the military? _____

What military skills do you possess that would be an asset for this position? _____

Previous Employment

Employer Name: _____ Job Title: _____ Supervisor Name: _____

Employer Address: _____

City: _____ State: _____ Zip Code: _____ Employer Telephone: _____

Dates Employed: _____ Reason for leaving: _____

Employer Name: _____ Job Title: _____ Supervisor Name: _____

Employer Address: _____

City: _____ State: _____ Zip Code: _____ Employer Telephone: _____

Dates Employed: _____ Reason for leaving: _____

Employer Name: _____ Job Title: _____ Supervisor Name: _____

Employer Address: _____

City: _____ State: _____ Zip Code: _____ Employer Telephone: _____

Dates Employed: _____ Reason for leaving: _____

References Please provide 3 personal and professional reference(s) below:

| Reference | Contact Information |
|-----------|---------------------|
| | |
| | |
| | |

Additional Information:

How are your customer service skills? _____

How do you feel your skill set can be an asset to our company? _____

AT-WILL EMPLOYMENT

The relationship between you and the Helping Hands Patient Services, LLC is referred to as "employment at will." This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or the Helping Hands Patient Services, LLC. No representative of Helping Hands Patient Services, LLC has authority to enter into any agreement contrary to the foregoing "employment at will" relationship. You understand that your employment is "at will," and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status, except for a written statement signed by you and either our Executive Vice-President/Chief Operations Officer or the Company's President.

Applicant Signature: _____ Date: _____