



## EMPLOYMENT APPLICATION

Please complete the entire application

Address: 1225 W 190<sup>th</sup> St, Suite 330  
Gardena, California 90248

GE 4 ME, LLC offers an equal opportunity for employment to all applicants without regard to race, ethnicity, age, sex, gender identity, physical appearance, citizenship, marital status, sexual orientation, religion, gender, national origin, disability, political affiliation, or veteran status. Should you require reasonable accommodation to complete this application, please inform us so that a reasonable accommodation can be made.

We are committed to providing quality and ethical care to our patients, residents, and consumers. We are also committed to providing a safe environment for our patients, residents, consumers, and employees. Therefore; it is also the policy of our company to conduct a pre-employment drug screen. Once a conditional offer of employment has been made, we will run a background check on all employees. If your position requires that you drive a vehicle, we will also obtain a DMV clearance. Failing the background check shall be just cause to terminate your employment. If you fail the DMV clearance, and your position requires you to drive a vehicle, you may be terminated or experience a change in employment status.

### Applicant Information

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

Last Name

First Name

Middle Name

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

City/State/ZIP: \_\_\_\_\_

Number of years at this address: \_\_\_\_\_

Mobile phone: \_\_\_\_\_

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

Position applied for: \_\_\_\_\_

Are you applying for: (check one) \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time

What days and hours are you available for work? (please list hours or OPEN)

**No Pref:** \_\_\_\_\_ **Mon:** \_\_\_\_\_ **Tue:** \_\_\_\_\_ **Wed:** \_\_\_\_\_

**Thu:** \_\_\_\_\_ **Fri:** \_\_\_\_\_ **Sat:** \_\_\_\_\_ **Sun:** \_\_\_\_\_

Are you willing to work any shift, including nights, overnights and weekends? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, please state shift of preference and any other limitations:

\_\_\_\_\_

Are there any upcoming days/vacation that may affect your schedule?

\_\_\_\_\_

How did you learn about this position? \_\_\_\_\_

Do you have any friends or relatives who work here? If yes, please list here:

\_\_\_\_\_

Are you at least 18 years old? \_\_\_\_\_ Yes \_\_\_\_\_ No

If you are offered employment, when would you be available to begin work?

\_\_\_\_\_

If hired, are you able to submit proof that you are legally eligible for employment in the United States?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Are you able to perform the essential functions of this position with or without limitation?

\_\_\_\_\_ Yes \_\_\_\_\_ No

What limitations, if any, may impact your ability to perform the essential functions of this position?

\_\_\_\_\_

## Skills, Knowledge and Abilities

List any skills that may be useful for the job you are seeking. Enter the number of years of experience, and circle the number which corresponds to your ability for each particular skill. (One represents poor ability, while five represents exceptional ability.)

Ability or Skill	Years of Experience	Rating
<hr/>	<hr/>	<b>1 2 3 4 5</b>
<hr/>	<hr/>	<b>1 2 3 4 5</b>
<hr/>	<hr/>	<b>1 2 3 4 5</b>
<hr/>	<hr/>	<b>1 2 3 4 5</b>
<hr/>	<hr/>	<b>1 2 3 4 5</b>

## Education and Training

Name of High School or place where High School Diploma or GED received:

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College/University (s) Name and Address:

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Did you receive a degree? \_\_\_\_\_ Yes \_\_\_\_\_ No      If yes, Degree(s) received: \_\_\_\_\_

Other Training (graduate, technical, vocational): \_\_\_\_\_

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Please indicate any current professional licenses or certifications that you hold:

Type of license or certificate:

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## Employment History

List your current or most recent employment first. Please list all jobs for the past 5 years (including school, self-employment, and military service) which you have held, please list and explain any gaps in employment. If additional space is needed, continue on the back page of this application.

**1. Employer Name:** \_\_\_\_\_ **Phone #** \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Dates of Employment (Month/Year): Starting: \_\_\_\_\_ Ending \_\_\_\_\_

May we contact this employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

**2. Employer Name:** \_\_\_\_\_ **Phone #** \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Dates of Employment (Month/Year): Starting: \_\_\_\_\_ Ending \_\_\_\_\_

May we contact this employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

**3. Employer Name:** \_\_\_\_\_ **Phone #** \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Dates of Employment (Month/Year): Starting: \_\_\_\_\_ Ending \_\_\_\_\_

May we contact this employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

## CERTIFICATION

I certify that the information provided on this application is truthful and accurate. I understand that omitting information, or providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize GE 4 ME LLC to contact former employers, educational organizations, and non-relative references regarding my employment, character, and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my character, previous employment, and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its Director, the employment relationship will be "At-will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of GE 4 ME, LLC home, except in a specific written contract of employment signed on behalf of the organization by its Executive Director, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

If this application has been completed by someone other than the applicant, please print their name below:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship