



# APPLICATION FOR EMPLOYMENT

1922 The Alameda – SAN JOSE, CA 95126

An Equal Opportunity Employer

Thank you for your interest in employment with Momentum for Health. In order for your application and qualifications to be given adequate review and consideration please follow these application instructions.

1. Complete all sections of the application form.
2. Please ensure that you meet the minimum qualifications for the advertised position.
3. For positions that require driving, applicants are required to have a current valid CA driver license and adequate personal vehicle insurance coverage.
4. The interview process may include any of the following procedures, depending on the position for which you are applying: oral interview, written tests or situational exercises.
5. To be considered for residential positions you must be able to meet all requirements and obtain all clearances (e.g., live scan or Santa Clara County Certification Program depending on which program you will be working with, health screening and TB testing or chest x-ray).
6. You must provide evidence of your eligibility to work in the United States.
7. Your employment with Momentum will be contingent on an acceptable background check and successfully passing a drug screening.

Thank you for applying to Momentum

## PERSONAL INFORMATION *(Please PRINT and Complete All Sections)*

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Number & Street, City, State, Zip Code

Home Phone Number: ( ) \_\_\_\_\_ Alternate Phone Number: ( ) \_\_\_\_\_

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

Position Applying to: \_\_\_\_\_  Full Time  Part Time  On-Call

Date Available: \_\_\_\_\_

Are You 18 Years of Age or Older?  Yes  No

Do You Have A Valid California Drivers License?  Yes  No

Can You Submit Verification of Your Legal Right to Work in the United States?  Yes  No

Do you have a National Provider Identifier (NPI)?  No  Yes NPI#: \_\_\_\_\_

Have You Applied to this Agency Before?  No  Yes If yes, when? \_\_\_\_\_

Are you willing to use your personal vehicle to transport clients and for other agency business?  Yes  No

Referral Source:  Employee Referral  Friend  College/University  Walk-In  Internet

Advertisement, please specify \_\_\_\_\_  Other \_\_\_\_\_

**BILINGUAL PROFICIENCY (OTHER THAN ENGLISH)**

LANGUAGE SPOKEN	FLUENT	GOOD	FAIR	WRITE?	READ?

**COMPUTER PROFICIENCY**

Words typed per minute \_\_\_\_\_

Software Applications	Beginner	Intermediate	Advanced

**CERTIFICATION**

I CERTIFY THAT ALL STATEMENTS I HAVE MADE ON THIS APPLICATION, ATTACHMENTS HERETO, OR ON MY RESUME OR OTHER SUPPLEMENTARY MATERIALS ARE TRUE AND CORRECT. I HEREBY AUTHORIZE MOMENTUM TO INVESTIGATE THE ACCURACY OF THIS INFORMATION FROM ANY PERSON OR ORGANIZATION. I UNDERSTAND THAT ANY MISSTATEMENT I HAVE MADE MAY RESULT IN IMMEDIATE DISQUALIFICATION OF EMPLOYMENT OR DISMISSAL IF I AM EMPLOYED. I AGREE TO PRODUCE ON REQUEST APPLICABLE DOCUMENTATION TO VERIFY STATEMENTS MADE ON THIS APPLICATION.

I HAVE READ AND UNDERSTAND THE FOREGOING STATEMENT.

APPLICANT'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**Please attach a copy of your most updated resume with this application.**

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