



211 Saxony Road
Encinitas, CA, 92024
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f.760.274-1276
www.seacrestathome.org

DEAR APPLICANT:

**PLEASE KEEP THIS PAGE FOR YOUR PERSONAL RECORDS
AND RETURN THE APPLICATION TO THE RECEPTIONIST WHEN FINISHED**

APPLICATIONS/RESUMES ARE ACCEPTED FOR OPEN POSITIONS ONLY.

THIS APPLICATION MUST BE COMPLETED IN THE FACILITY PER SEACREST AT HOME POLICY.

We do not interview on the same day you complete an application. If you qualify for the position we may call you for an interview. Depending on the number of applicants, decisions to interview may take several days. We may or may not notify you of our decision but we welcome your return call to see where your application is in the hiring process.

Our company provides equal employment opportunities to all employees and qualified applicants for employment without regard to race, color, religion, sex, national origin, age, sexual orientation, disability or status as a Vietnam-era or disabled veteran.

APPLICATION PROCESS

Not all applicants will be considered for employment with Seacrest at Home. Applications are screened to be sure ALL information is complete and to be sure the applicant meets the minimum qualification of the position. Your application is considered a legal document and if you do not answer every question completely and accurately, then your application for employment will not be considered. There are a few things you should consider before completing this application. Applicants must meet requirements that are specific to state and Federal licensing regulations and laws. Post offers of employment are conditional upon the following requirements being met:

- **Fingerprint Clearance** - As a matter of Seacrest at Home Policy and in accordance with Seacrest Village Retirement Communities process through the Department of Social Services and DOJ, all Homecare agency candidates considered for hire, are required to have a fingerprint clearance BEFORE any other step in the hiring process continues. ***IMPORTANT NOTE BEFORE YOU DECIDE TO CONTINUE WITH OUR APPLICATION PROCESS*** HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE OR MISDEMEANOR? All convictions, other than minor traffic violations, including misdemeanors, felonies, and convictions even though it may have happened a long time ago require further examination. Individuals convicted of specific crimes are not eligible to work with our agency.
- **Physical, TB exam, Drug/Alcohol test** - These elements are a condition of hire and must be passed in order to ensure that you can perform the job essentials of the position you've been offered.
- **Verification of Employment – The I-9 Process** - Our company is a participant in the E-Verify Program that works in conjunction with Social Security and the Department of Homeland Security. As a participant in this program we will require original documentation that verifies your identity and eligibility to work in the United States. The information you complete will be transmitted to the SSA and the INS for verification of employment eligibility. Review the reverse side of this letter which shows acceptable documents from lists, "A", "B" or "C". Photo copies are not accepted. Associates would not be able to begin work until proof of eligibility is provided.

Best Place To Work **Makes** Best Place To Provide Home Care Services!

2012, 2011, 2010, 2009, 2007 – Proudly affiliated with Seacrest Village Retirement Communities, a proud winner of the medallion award for "Workplace Excellence" in San Diego County

Sincerely,

Kelli Denton R.N.
Director of Home Care

This Employer Participates in E-Verify



This employer will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization.

IMPORTANT: If the Government cannot confirm that you are authorized to work, this employer is required to provide you written instructions and an opportunity to contact SSA and/or DHS before taking adverse action against you, including terminating your employment.

Employers may not use E-Verify to pre-screen job applicants or to re-verify current employees and may not limit or influence the choice of documents presented for use on the Form I-9.

In order to determine whether Form I-9 documentation is valid, this employer uses E-Verify's photo screening tool to match the photograph appearing on some permanent resident and employment authorization cards with the official U.S. Citizenship and Immigration Services' (USCIS) photograph.

If you believe that your employer has violated its responsibilities under this program or has discriminated against you during the verification process based upon your national origin or

citizenship status, please call the Office of Special Counsel at 1-800-255-7688 (TDD: 1-800-237-2515).

NOTICE:

Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States.

Employment Verification.  **Done.**

For more information on E-Verify, please contact DHS at:

1-888-464-4218



E-VERIFY IS A SERVICE OF DHS AND SSA

Este Empleador Participa en E-Verify



Este empleador le proporcionará a la Administración del Seguro Social (SSA), y si es necesario, al Departamento de Seguridad Nacional (DHS), información obtenida del Formulario I-9 correspondiente a cada empleado recién contratado con el propósito de confirmar la autorización de trabajo.

IMPORTANTE: En dado caso que el gobierno no pueda confirmar si está usted autorizado para trabajar, este empleador está obligado a proporcionarle las instrucciones por escrito y darle la oportunidad a que se ponga en contacto con la oficina del SSA y, o el DHS antes de tomar una determinación adversa en contra suya, inclusive despedirlo.

Los empleadores no pueden utilizar E-Verify con el propósito de realizar una preselección de aspirantes a empleo o para hacer nuevas verificaciones de los empleados actuales, y no deben

restringir o influenciar la selección de los documentos que sean presentados para ser utilizados en el Formulario I-9.

AVISO:

La Ley Federal le exige a todos los empleadores que verifiquen la identidad y elegibilidad de empleo de toda persona contratada para trabajar en los Estados Unidos.

A fin de poder determinar si la documentación del Formulario I-9 es válida o no, este empleador utiliza la herramienta de selección fotográfica de E-Verify para comparar la fotografía que aparece en algunas de las tarjetas de residente y autorizaciones de empleo, con las fotografías oficiales del Servicio de Inmigración y Ciudadanía de los Estados Unidos (USCIS).

Si usted cree que su empleador ha violado sus responsabilidades bajo este programa, o ha discriminado en contra suya durante el proceso de verificación debido a su lugar de origen o condición de ciudadanía, favor ponerse en contacto con la Oficina de Asesoría Especial llamando al 1-800-255-7688 (TDD: 1-800-237-2515).

Employment Verification.  Done.

Para mayor información sobre E-Verify, favor ponerse en contacto con la oficina del DHS llamando al:

1-888-464-4218



E-VERIFY IS A SERVICE OF DHS AND SSA

LISTS OF ACCEPTABLE DOCUMENTS
All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record		5. Native American tribal document
		6. Military dependent's ID card		6. U.S. Citizen ID Card (Form I-197)
		7. U.S. Coast Guard Merchant Mariner Card		7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		8. Native American tribal document		8. Employment authorization document issued by the Department of Homeland Security
		9. Driver's license issued by a Canadian government authority		
		For persons under age 18 who are unable to present a document listed above:		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI				

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.

Seacrest at Home

Employment Application

Translator or Person providing assistance to applicant – If you are assisting the applicant please complete the section below:

Name of translator _____ Signature _____ Date _____ Phone # _____
 What is your relation to the applicant _____ (father, mother, brother, sister, friend, employee)

OPEN POSITION(S) OF INTEREST


Open Position and Location You Are Applying For: <i>This section must be completed to be considered for a position.</i> Position(s): 1) _____ 2) _____ 3) _____	Today's Date: _____ Date available to work? _____
**For CNA or LVN position, provide your certification or license number. Certificate Number: _____ Other professional licensure _____	
Are you available for shift work? <input type="checkbox"/> Yes <input type="checkbox"/> No, If yes indicate shift/times: Am's _____ Pm's _____ Noc's _____ What days are you available? _____	Type of work for which you are applying: <input type="checkbox"/> Full-time <input type="checkbox"/> Per Diem Are you able to work weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No,

PERSONAL DATA

First Name (Nombre)	Middle	Last Name (Nombre Pasado)	Social Security Number
Street Address (Dirección De la Calle)		Email Address (ie., johndoe@hotmail.com)	Home Phone (Teléfono)
City (Ciudad)		State (Estado)	Zip Code (Código postal)
Can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered "yes" to any of the questions above, you will be required to provide documentation to support your answer and to verify this information in writing.		Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what functions can't be performed? _____	
Are you over the age of 18 years? YES or NO. If yes, can you provide required proof of your eligibility to work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA			
Have you ever worked for our company or Seacrest Village Retirement Communities (SVRC) ? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", give company name, location and dates employed:			
Have you previously interviewed for a job with our company or with SVRC? <input type="checkbox"/> Yes <input type="checkbox"/> No If, "yes", list position and date of application:			
Do you have any friends or relatives working for us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state name(s) and relationship below:			

REFERRAL SOURCE (PLEASE CHECK BOX BELOW)

<input type="checkbox"/> Ad (specify)	<input type="checkbox"/> Internet (specify)	<input type="checkbox"/> Walk-in
<input type="checkbox"/> Employee Referral (provide employee's name)	<input type="checkbox"/> Community Agency (specify)	<input type="checkbox"/> Job Fair
<input type="checkbox"/> Personal Referral (provide name)	<input type="checkbox"/> School /College Referral (specify)	<input type="checkbox"/> Other

TRANSPORTATION & JOBS REQUIRING DRIVING AND/OR USE OF COMPANY VEHICLE	
Do you have reliable transportation to get to work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been convicted of a moving violation within the past five years? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" please explain: _____	
Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	

HR Section Only – Apply screening label
1/10/2018

High School Attended	City	State	Did You Graduate?
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OTHER EDUCATIONAL INSTITUTIONS

FIELD OF SPECIALIZATION

DID YOU GRADUATE?

DEGREE OBTAINED

Name		What Year?	
Location		<input type="checkbox"/> Yes	
		<input type="checkbox"/> No	
Name		What Year?	
Location		<input type="checkbox"/> Yes	
		<input type="checkbox"/> No	
Name		What Year?	
Location		<input type="checkbox"/> Yes	
		<input type="checkbox"/> No	

Specialized Skills (Complete if applicable to position desired.)	Typing: WPM	Shorthand: WPM	Office machines, computer and software used:
	Specialized equipment and machines operated:		Other skills:
			Licenses and certifications:

Indicate foreign language proficiency if job-related:

Please provide information about community activities, professional, trade or service organizations to which you belong, which you believe may demonstrate your job-related abilities. (You may exclude those which indicate race, color, religion, sex, national origin, age, disability or status as a Vietnam-era or disabled veteran).

PROFESSIONAL REFERENCES (REFERENCIAS PROFESIONALES)

List persons familiar with your professional ability who may be contacted. Do not list relatives.

Name	Occupation	Phone	
Street Address	City	State	Zip
Name	Occupation	Phone	
Street Address	City	State	Zip
Name	Occupation	Phone	
Street Address	City	State	Zip

EMPLOYMENT HISTORY (List the most recent employer first; list all employment even if you provide a resume).

Employer (Patrón)	Address (Dirección)			From (Mo./Yr.) To (Mo./Yr.)
Name of Supervisor (Nombre del supervisor)	Supervisor's Title (Título Del Supervisor)	Phone (Teléfono)	Ext.	
Starting Position (Posición De Salida)	Current or Last Position (Posición actual o pasada)			
Description of Duties and Accomplishments: (Descripción de deberes y de realizaciones)				
				Reason for Leaving
				May we contact This Employer
Employer	Address			From (Mo./Yr.) To (Mo./Yr.)
Name of Supervisor	Supervisor's Title	Phone	Ext.	
Starting Position	Current or Last Position			
Description of Duties and Accomplishments:				
				Reason for Leaving
				May we contact This Employer
Employer	Address			From (Mo./Yr.) To (Mo./Yr.)
Name of Supervisor	Supervisor's Title	Phone	Ext.	
Starting Position	Current or Last Position			
Description of Duties and Accomplishments:				
				Reason for Leaving
				May we contact This Employer
Employer	Address			From (Mo./Yr.) To (Mo./Yr.)
Name of Supervisor	Supervisor's Title	Phone	Ext.	
Starting Position	Current or Last Position			
Description of Duties and Accomplishments:				
				Reason for Leaving
				May we contact This Employer

The statements below are part of the application & should be read carefully.

Please read & initial each paragraph & sign below.

VERIFICATION OF ENCLOSED INFORMATION: I CERTIFY THAT THE ANSWERS ON THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. IN SUBMITTING THIS APPLICATION FOR EMPLOYMENT, I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN IT AND I UNDERSTAND AND AGREE THAT ANY MISREPRESENTATION BY ME IN THIS APPLICATION WILL BE SUFFICIENT CAUSE FOR CANCELLATION OF THE APPLICATION AND/OR SEPARATION FROM THE COMPANY'S SERVICE, IF I HAVE BEEN EMPLOYED. I HEREBY AUTHORIZE ANY PERSON OR ORGANIZATION WHOSE NAME I HAVE GIVEN AS A REFERENCE OR BY WHOM I HAVE BEEN PREVIOUSLY EMPLOYED, TO FURNISH THIS COMPANY OR ITS REPRESENTATIVES, ANY INFORMATION CONCERNING ME, WITH RESPECT TO MY QUALIFICATIONS AS AN EMPLOYEE. I HEREBY RELEASE ALL SUCH PERSONS AND ORGANIZATIONS FROM ANY CLAIMS FOR DAMAGES ARISING AS A RESULT OF THE GOOD FAITH DISCLOSURE OF SUCH RECORDS OR INFORMATION.

_____ **(INITIALS) I HAVE READ THE STATEMENT ABOVE**

THE FAIR CREDIT REPORTING ACT AND THE INTERNET: SEACREST AT HOME POLICY REQUIRES THAT APPLICANTS KNOW THAT A ROUTINE INQUIRY MAY BE MADE BY VARIOUS MEANS TO INCLUDE **INTERNET AND PUBLIC MEDIA BLOGS**, WHICH WILL PROVIDE JOB-RELATED INFORMATION CONCERNING CHARACTER AND REPUTATION. UPON WRITTEN REQUEST ADDITIONAL INFORMATION AS TO THE NATURE AND SCOPE OF THE REPORT, IF ONE IS MADE, WILL BE PROVIDED.

_____ **(INITIALS) I HAVE READ THE STATEMENT ABOVE**

POST OFFER ONLY: IF AN OFFER OF EMPLOYMENT IS MADE I UNDERSTAND THAT I WILL BE REQUIRED TO SUBMIT TO A FINGERPRINT CLEARANCE. IF THE CRIMINAL CLEARANCE DOES NOT COME BACK WITHIN 10 DAYS FROM THE TIME IT WAS DONE, THE OFFER OF EMPLOYMENT WILL BE RESCINDED. *NOTE: IF YOU ANSWER NO TO THE QUESTION OF "HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE (FELONY/MISDEMEANOR)" ON THE FRONT OF THIS APPLICATION AND YOU ARE *WRONG*, YOUR ANSWER WILL BE CONSIDERED *NOT TRUE* AND VIEWED AS A MISREPRESENTATION ON YOUR APPLICATION. YOU MUST DISCLOSE CONVICTIONS, INCLUDING RECKLESS AND DRUNK DRIVING CONVICTIONS EVEN IF; 1) IT HAPPENED A LONG TIME AGO, 2) IT WAS ONLY A MISDEMEANOR, 3) YOU DIDN'T HAVE TO GO TO COURT (YOUR ATTORNEY WENT FOR YOU), 4) YOU HAD NO JAIL TIME OR THE SENTENCE WAS ONLY A FINE OR PROBATION, 5) YOU RECEIVED A CERTIFICATE OF REHABILITATION, 6) THE CONVICTION WAS LATER DISMISSED, SET ASIDE OR THE SENTENCE WAS SUSPENDED. A CLEARANCE MUST BE OBTAINED BEFORE CLIENT CONTACT IS MADE AS REQUIRED BY OUR LICENSER. I ALSO UNDERSTAND THAT IF AN OFFER OF EMPLOYMENT IS MADE I WILL BE REQUIRED TO SUBMIT TO A PHYSICAL EXAMINATION/TB TEST AND DRUG/ALCOHOL TEST TO DETERMINE MY FITNESS FOR THE WORK TO BE PERFORMED, AND TO RECEIVE ANY REQUIRED IMMUNIZATIONS. THESE ITEMS ARE COMPLETED BEFORE THE FIRST DAY OF WORK AND/OR ON THE FIRST DAY OF ORIENTATION.

_____ **(INITIALS) I HAVE READ THE STATEMENT ABOVE**

ZERO TOLERANCE ALCOHOL/DRUG POLICY OUR POLICY IS NOT TO EMPLOY INDIVIDUALS WHO USE ILLEGAL DRUGS OR PRESCRIPTION DRUGS WITHOUT MEDICAL PRESCRIPTION IN ANY AMOUNT REGARDLESS OF FREQUENCY OR OCCASION. IT IS OUR COMMITMENT TO OUR CLIENTS, RESIDENTS AND STAFF THAT WE PROVIDE A DRUG-FREE WORK ENVIRONMENT.

_____ **(INITIALS) I HAVE READ THE STATEMENT ABOVE**

PROOF ELIGIBILITY TO WORK & THE E-VERIFY PROGRAM IF I AM EMPLOYED, I WILL FURNISH THE REQUIRED PROOF OF CITIZENSHIP DOCUMENTS ON MY FIRST DAY OF EMPLOYMENT AND/OR TRAINING/ORIENTATION. IF I AM NOT A U.S. CITIZEN, I WILL PROVIDE DOCUMENTATION WHICH ESTABLISHES IDENTIFICATION AND EMPLOYMENT AUTHORIZATION AS PRESCRIBED BY FEDERAL LAW. I UNDERSTAND THAT IF EMPLOYED MY DOCUMENTATION WILL BE SUBMITTED TO THE SOCIAL SECURITY AND HOMELAND SECURITY INFORMATION SYSTEMS AS PART OF OUR MEMBERSHIP IN THE BASIC PILOT PROGRAM PER FEDERAL AND STATE GOVERNMENT REGULATIONS.

_____ **(INITIALS) I HAVE READ THE STATEMENT ABOVE**

IMPLIED CONTRACT & AT WILL STATEMENT: IN CONSIDERATION OF MY EMPLOYMENT, I UNDERSTAND THAT NOTHING CONTAINED IN THE APPLICATION, OR CONVEYED DURING MY INTERVIEW WHICH MAY BE GRANTED OR DURING MY EMPLOYMENT, IF HIRED, IS INTENDED TO CREATE AN EMPLOYMENT CONTRACT BETWEEN ME AND THE COMPANY. IN ADDITION, I UNDERSTAND AND ACKNOWLEDGE THAT UNLESS OTHERWISE DEFINED BY APPLICABLE LAW, ANY EMPLOYMENT RELATIONSHIP WITH THIS ORGANIZATION IS OF AN "AT WILL" NATURE, WHICH MEANS THAT THE EMPLOYEE MAY RESIGN AT ANY TIME AND THE EMPLOYER MAY DISCHARGE THE EMPLOYEE AT ANY TIME, WITH OR WITHOUT CAUSE AND NO PROMISES OR REPRESENTATIONS CONTRARY TO THE FOREGOING ARE BINDING ON THE COMPANY UNLESS MADE IN WRITING AND SIGNED BY ME AND THE COMPANY'S DESIGNATED REPRESENTATIVE.

_____ **(INITIALS) I HAVE READ THE STATEMENT ABOVE**

COPY OF RECORDS: SHOULD A SEARCH OF PUBLIC RECORDS (INCLUDING RECORDS DOCUMENTING AN ARREST, INDICTMENT, CONVICTION, CIVIL JUDICIAL ACTION, TAX LIEN, OR OUTSTANDING JUDGMENT) BE CONDUCTED BY INTERNAL PERSONNEL EMPLOYED BY SEACREST AT HOME, I AM ENTITLED TO COPIES OF ANY SUCH PUBLIC RECORDS OBTAINED BY SEACREST AT HOME UNLESS I CHECK THE BOX BELOW. IF I AM NOT HIRED AS A RESULT OF SUCH INFORMATION, I AM ENTITLED TO A COPY OF ANY SUCH RECORDS EVEN THOUGH I HAVE CHECKED THE BOX BELOW.

_____ **(INITIALS) I HAVE THE READ THE STATEMENT ABOVE**

I WAIVE RECEIPT OF COPY OF ANY PUBLIC RECORD DESCRIBED IN THE PARAGRAPH ABOVE.

I certify by my signature that I have read and agree to all terms as stated above.

APPLICANT'S SIGNATURE

DATE

SEACREST AT HOME
APPLICANT QUESTIONNAIRE & POLICY
ASPIRANTE QUESTIONNAIRE Y POLÍTICA

Completing this portion of the application does not imply you will be given an interview for the position for which you are applying. This request gives us a sneak preview of why you are interested in our organization.

En Español: Le agradecemos por su interés en el trabajo para nuestra organización. No nos entrevistamos con o aún no empleamos siempre a cada uno que aplique o termine un uso. Los usos que no se terminan enteramente no serán considerados para el empleo. No nos entrevistamos con típicamente le en el mismo día usted terminamos un uso. Si usted califica para la posición podemos llamarle para una entrevista. Dependiendo del número de las decisiones de los aspirantes entrevistarse con puede tomar varios días. Podemos o podemos no notificarle que nuestra decisión pero de nosotros dar la bienvenida a su llamada de vuelta para ver donde está su uso en el proceso que emplea. Terminar este cuestionario no le implica será dada una entrevista para la posición la cual usted está solicitando. Esta petición nos da una inspección previo del chivato de porqué usted está interesado en nuestra organización. Gracias por tomar el tiempo.

1. What is the number one reason you want the job you are applying for?
¿Cuál es la razón del número uno que usted desea el trabajo usted está solicitando?

2. How can you make a difference with our agency? *¿Cómo puede usted diferenciar en nuestra compañía?*

3. What are the 3 most important things you think our agency does every day?
Cuáles son las 3 cosas más importantes usted piensa que nuestra compañía hace cada día

4. Where do you see your career 3 years from now? *¿Dónde usted ve su carrera 3 años de ahora?*

Seacrest at Home follows the policy set forth by their parent companies for fingerprinting clearances. This means candidates applying for positions at Seacrest at Home who are offered a position must pass the clearance process prior to beginning work for Seacrest at Home.