

California Association of Health Facilities  
**Application for Candidacy of Office**



(Office Sought)

1. **PERSONAL INFORMATION:**

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

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

Company Street City Co. Zip

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

Street City County Zip

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Name of Facility or Organization: \_\_\_\_\_

Title of Position Held: \_\_\_\_\_

Length of time with company: \_\_\_\_\_

Brief description of areas of responsibility, duties, and related work activities:

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

Are you currently a licensed nursing facility or residential care administrator?

\_\_\_\_ No \_\_\_\_ Yes If yes, how long? \_\_\_\_\_

Have you ever been denied a facility license? \_\_\_\_ No \_\_\_\_ Yes \_\_\_\_ Year

If yes, please explain: \_\_\_\_\_

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

Have you ever had a facility license suspended or revoked? \_No \_\_\_\_ Yes If yes, please explain:

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

2. **EDUCATION:**

*Schools Attended* *Degrees/Certificates* *Dates*

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

Do you hold any other licenses or certificates? \_\_\_\_ No \_\_\_\_ Yes If yes, please describe:

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

3. **WORK HISTORY:**

*Title/Position* *Company* *Responsibilities* *Dates*

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

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*Signature*