



**LOVE & LOYALTY**  
HOME CARE

20 East Tabb St.  
Suite 203  
Petersburg, VA 23803

## EMPLOYMENT APPLICATION

Personal Information	
<b>Name</b>	First _____ 2 <sup>nd</sup> Initial _____ Last: _____
<b>Address</b>	Street: _____ Apartment: _____ City: _____ State: _____ Zip: _____
<b>Phone</b>	Home: _____ Cell: _____ Other: _____
<b>Electronic</b>	Email Address: _____
<b>Date of Birth</b>	Day: _____ Month: _____ Year: _____
<b>SSN</b>	Social Security Number: _____
<b>Gender</b>	Male: _____ Female: _____
<b>Language</b>	What languages do you speak? _____ _____
<b>Emergency Contact</b>	Name & Phone Number of Person to contact in the event of an emergency: Local: _____ Out-of-Area: _____
Education	
<b>Formal</b>	Diploma: _____ Certificate: _____ Degree: _____ Other: _____ Other: _____



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<p><b>Informal</b></p>	<p>Do you have current First Aid Certification (State Level): _____ Expiry Date: _____          Do you have current CPR? _____ Expiry Date: _____          Have you taken a Food Safety course? _____          Other: _____          (Specify)          Other: _____          (Specify)</p>
<p><b>Restrictions</b></p>	
<p><b>Work Limitations</b></p>	<p>List any work limitations that you may have and briefly describe:          Hearing: ___ Yes ___ No _____          Speech: ___ Yes ___ No _____          Lifting: ___ Yes ___ No _____          Health: ___ Yes ___ No _____          Physical: ___ Yes ___ No _____          Emotional: ___ Yes ___ No _____          Other: ___ Yes ___ No _____</p>
<p><b>Availability for Work</b></p>	
<p><b>Hours &amp; Days Available for Work</b></p>	<p>_____ Full-time _____ Part-time _____ Short-notice _____ Split Shift          Indicate Days and List Hours Available for Work:          ___ Sunday: From: _____ To: _____          ___ Monday: From: _____ To: _____          ___ Tuesday: From: _____ To: _____          ___ Wednesday: From: _____ To: _____          ___ Thursday: From: _____ To: _____          ___ Friday: From: _____ To: _____          ___ Saturday: From: _____ To: _____          What is the minimum number of hours you will work in one day? _____          What is the maximum number of hours you will work in one day? _____</p>
<p><b>Type of Work Seeking</b></p>	
	<p>_____ Home Maker _____ Personal Care _____ Companion _____ Live-In          Other: _____          (Specify)</p>



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<b>Type of Position(s) Preferred</b>	Live-in care usually requires that you to in a client's home continuously for 3-4 days at a time every week. Indicate which shifts you will accept: ___ Weekdays (Monday a.m. to Friday a.m.) ___ Weekends: (Friday a.m. to Monday a.m.)																		
<b>Clients Not Willing/Able to Work With</b>	<table border="0"> <tr> <td>___ Dementias/Alzheimer's</td> <td>___ Physical Disabilities</td> </tr> <tr> <td>___ Smokers</td> <td>___ Pets</td> </tr> <tr> <td>___ Mental Retardation</td> <td>___ Females</td> </tr> <tr> <td>___ Behavioral Disorders</td> <td>___ Males</td> </tr> <tr> <td>___ Elderly (over 65)</td> <td>___ Client use of marijuana for medicinal purposes</td> </tr> <tr> <td>___ Children</td> <td>___ HIV Positive/Aids</td> </tr> <tr> <td>___ Other: _____</td> <td></td> </tr> </table> <p style="text-align: right;"><i>(Specify)</i></p>	___ Dementias/Alzheimer's	___ Physical Disabilities	___ Smokers	___ Pets	___ Mental Retardation	___ Females	___ Behavioral Disorders	___ Males	___ Elderly (over 65)	___ Client use of marijuana for medicinal purposes	___ Children	___ HIV Positive/Aids	___ Other: _____					
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<b>Duties Not Willing/Able to Perform</b>	<table border="0"> <tr> <td>___ Bathing</td> <td>___ Housekeeping</td> </tr> <tr> <td>----- Grooming</td> <td>___ Laundry</td> </tr> <tr> <td>___ Oral Care</td> <td>___ Meal Preparation</td> </tr> <tr> <td>___ Dressing</td> <td>___ Shopping</td> </tr> <tr> <td>___ Bowel Care</td> <td>___ Transportation</td> </tr> <tr> <td>___ Bladder Care</td> <td>___ Medication Reminding</td> </tr> <tr> <td>___ Feeding</td> <td>___ Friendly Reassurance Phone Call/Home Visit</td> </tr> <tr> <td>___ Ambulation</td> <td>___ Other _____</td> </tr> </table>	___ Bathing	___ Housekeeping	----- Grooming	___ Laundry	___ Oral Care	___ Meal Preparation	___ Dressing	___ Shopping	___ Bowel Care	___ Transportation	___ Bladder Care	___ Medication Reminding	___ Feeding	___ Friendly Reassurance Phone Call/Home Visit	___ Ambulation	___ Other _____		
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<b>Experience</b>	<p>Indicate which of the following you have experience in:</p> <table border="0"> <tr> <td>___ Bathing/Showering</td> <td>___ Housekeeping</td> </tr> <tr> <td>----- Grooming</td> <td>___ Laundry</td> </tr> <tr> <td>___ Personal Hygiene</td> <td>___ Meal Preparation</td> </tr> <tr> <td>___ Dressing</td> <td>___ Shopping</td> </tr> <tr> <td>___ Bowel Care</td> <td>___ Transportation</td> </tr> <tr> <td>___ Bladder Care</td> <td>___ Medication Reminding</td> </tr> <tr> <td>___ Feeding</td> <td>___ Friendly Reassurance Phone Call or Home Visit</td> </tr> <tr> <td>___ Ambulation</td> <td>----- Socialization</td> </tr> <tr> <td>___ Toileting</td> <td>___ Other _____</td> </tr> </table> <p style="text-align: right;"><i>(Specify)</i></p>	___ Bathing/Showering	___ Housekeeping	----- Grooming	___ Laundry	___ Personal Hygiene	___ Meal Preparation	___ Dressing	___ Shopping	___ Bowel Care	___ Transportation	___ Bladder Care	___ Medication Reminding	___ Feeding	___ Friendly Reassurance Phone Call or Home Visit	___ Ambulation	----- Socialization	___ Toileting	___ Other _____
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<b>Assignment Location</b>	Are you restricted in the geographical location you are willing/able to work? ___Yes ___No Explain: _____																		
<b>Transportation</b>																			
<b>Type</b>	___ Private Vehicle ___ Bus ___ Bike ___ Other: _____ <p style="text-align: right;"><i>(Specify)</i></p>																		



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<b>Driver's License</b>	Do you have a valid Driver's License?: _____
<b>Transporting Clients</b>	Are you willing to transport clients in your private vehicle? _____ Do you have adequate vehicle insurance? _____ Are you willing to drive a client's vehicle? _____ Are you willing to escort a client in their own vehicle? _____ Are you willing to escort a client on public transportation? _____ Comments: _____
<b>Abuse Investigation</b>	
	Have you ever been investigated for abuse, neglect or domestic violence? If "yes", explain: ___Yes___No _____ _____ _____



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**Reference Information**

<p><b>Work Related #1 (Last Position)</b></p>	<p>Company Name _____          Address: _____          Telephone No. &amp; Email Address: _____:          Supervisor's Name _____:          Position Held: _____          Length of Employment: _____          Reason for Leaving: _____</p>
<p><b>Work Related #2 (2<sup>nd</sup> Last Position)</b></p>	<p>Company Name _____          Address: _____          Telephone No. &amp; Email Address: _____:          Supervisor's Name _____:          Position Held: _____          Length of Employment: _____          Reason for Leaving: _____</p>
<p><b>Work Related #3 (3<sup>rd</sup> Last Position)</b></p>	<p>Company Name _____          Address: _____          Telephone No. &amp; Email Address: _____:          Supervisor's Name _____:          Position Held: _____          Length of Employment: _____          Reason for Leaving: _____</p>
<p><b>Personal #1</b></p>	<p>Name _____          Address: _____          Telephone No. &amp; Email Address: _____:          Nature of Friendship (<i>friend, co-worker, family etc.</i>) _____          (<i>Other than relative.</i>)</p>
	<p>Name _____</p>



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**Personal  
#2**

Address: \_\_\_\_\_  
Telephone No. & Email Address: \_\_\_\_\_:  
Nature of Friendship (*friend, co-worker, family etc.*) \_\_\_\_\_  
*Other than relative.*)

I certify that, to the best of my knowledge, the answers given are true and complete and that purposeful misrepresentation may result in rejection of my application. I authorize investigation of all statements contained in this application, as required. Additionally, I authorize former employers, references and any other individual/organizations to provide information to Love and Loyalty Homecare LLC, and I hereby release and discharge any of the above and Love and Loyalty Homecare LLC from any liability of any kind or nature. I also understand that it is my responsibility to keep such information current and accurate by updating it as often as necessary

I agree to a physical examination, if requested, and understand that failure to meet any medical and/or health requirements for the position may prevent my employment with the Agency. I also understand that employment, for certain positions, may be conditional upon successful completion of a substance abuse screening test and a criminal background check

I further understand that, if hired, I may be required to provide proof that I am a citizen of the United States or proof that I am currently authorized to work in the United States.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date