

ASPIRATION IN LIFE HOME HEALTHCARE LLC APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

DATE _____

NAME _____
LAST FIRST MIDDLE

SOCIAL SECURITY _____

PRESENT ADDRESS _____
STREET CITY STATE ZIP

PERMANENT ADDRESS _____
STREET CITY STATE ZIP

PHONE NO. (____) _____

ARE YOU 18 YEARS OR OLDER? YES ____ NO ____

ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE UNITED STATES? YES ____ NO ____

EMPLOYMENT DESIRED

REFERRED BY _____

POSITION _____ DATE YOU CAN START _____ SALARY DESIRED _____

ARE YOU EMPLOYED? _____ IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? _____

EVER APPLIED TO THIS COMPANY BEFORE? _____ WHERE? _____ WHEN? _____

EDUCATION

	NAME AND LOCATION OF SCHOOL	*NO. OF YEARS ATTENDED	*DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK _____

SPECIAL SKILLS _____

CERTIFICATIONS (CPR, 1ST AID, ETC) _____

ACTIVITIES: (CIVIC, ATHLETIC, ETC) _____
EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS.

ARE YOU A LICENSED DRIVER? YES ____ NO ____ DRIVER'S LICENSE NO. _____ STATE OF LICENSE _____

HAVE YOU EVER BEEN CHARGED WITH OR ARRESTED FOR ANY CRIMINAL OFFENSE OTHER THAN A MINOR MOTOR VEHICLE VIOLATION? INCLUDES OFFENSES WHICH HAVE BEEN DISMISSED, DISCHARGED, OR NOLLE PROSEQUI. (ALL ARRESTS AND CHARGES MUST BE DISCLOSED AND EXPLAINED ON AN ATTACHED SHEET.) YES ____ NO ____

DO YOU HAVE A HISTORY OF SUBSTANCE ABUSE? (IF YES, EXPLAINED ON AN ATTACHED SHEET.) YES ____ NO ____

U.S. MILITARY OR NAVAL SERVICE _____ RANK _____

PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES _____

ASPIRATIONS IN LIFE HOME HEALTHCARE LLC **APPLICATION FOR EMPLOYMENT**

FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST).				
DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

REFERENCES: GIVE THE NAMES OF TWO EMPLOYERS AND 1 PERSON NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEASE ONE YEAR			
NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1.			
2.			
3.			

IN CASE OF
EMERGENCY NOTIFY

NAME

ADDRESS

PHONE NO.

RELATIONSHIP

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM YOUR OBTAINING THIS INFORMATION.

DATE _____ SIGNATURE _____

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY _____ DATE _____

REMARKS _____

NEATNESS _____ ABILITY _____

HIRED: YES _____ NO _____ POSITION _____ PROGRAM _____

SALARY/WAGE _____ DATE REPORTING TO WORK _____

APPROVED BY OWNER _____ DATE _____

OTHER COMMENTS:

**Aspiration In Life Home Healthcare LLC
Reference Check Form
RELEASE FORM FOR EMPLOYERS (FOR REFERENCE CHECK)**

I, _____ authorize Aspiration In Life Home Healthcare LLC to make inquiries of all my past employers, and references concerning my prior employment, the verification of personal character. I further authorize all current and past employers, and all other individuals providing references to respond to written or verbal inquiries from Aspiration In Life Home Healthcare LLC. I hereby release all such persons from any liability and damages incurred as a result of furnishing this information.

Applicant's Signature / Date

Position applying for: _____

Name of Reference: _____

Type of Reference: Written Employment () ADDRESS: _____

Verbal Employment () PHONE: _____

References Check Completed by Aspiration In Life Home Healthcare LLC Administrator

- What position did the applicant hold in your company? _____
- What were the applicant's dates of employment? ()
- Reason for leaving: _____
- Overall, how would you rate his / her performance: Respond to (1) category below
Exceptional ()
Average ()
Below Average ()
- How long have you known the applicant? _____
- How much supervision does this person require? _____

Signature of Aspiration In Life Home Healthcare LLC Representative

Origination Date: 9/15/2021
Revision Date

SWORN DISCLOSURE STATEMENT OR AFFIRMATION

To the Applicant:

Sections 32.1-162.9:1 of the Code of Virginia require that any person desiring work at a licensed home care organization provide the Commissioner's representative with a sworn disclosure or affirmation disclosing (1) whether the applicant has a criminal conviction or is the subject of any pending criminal charges within or outside The Commonwealth of Virginia, and (2) whether the applicant has been the subject of a founded complaint of child abuse or neglect within or outside the Commonwealth of Virginia.

Any person making a false statement on this form regarding any criminal offense shall be guilty upon conviction of a Class 1 misdemeanor.

Further dissemination of the information provided on this form is prohibited other than to the Commissioner's representative or a federal or state authority or court as may be required to comply with an express requirement of law for such further dissemination.

1. _____
Last Name First Middle/Maiden Social Security Number

Street/P.O. Box City State Zip Code

2. Have you ever been convicted of a crime within or outside Virginia (but excluding offenses committed before your eighteenth birthday that were finally adjudicated in a juvenile court or under a youth offender law? Yes _____ No _____. If yes, list all and explain: _____

3. Are you the subject of any pending criminal charges within or outside Virginia?
Yes _____ No _____. If yes, list all and explain: _____

4. Have you ever been the subject of a founded complaint of child abuse or neglect within or outside Virginia?
Yes _____ No _____. If yes, list all and explain: _____

5. I hereby affirm that the information provided on this form is true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part to any employment offered by this facility. I understand that all information on this form is subject to verification.

Applicant's Signature: _____ Date: _____



Virginia State Police

Enter New Criminal History Background Search

Form: * **SP-167 Criminal History & Sex Offender and Crimes Against Minors Name Search**

Once printed, the SP-167 form requires a notarized signature of the individual being searched and a notarized signature of the agency/individual named in the MAIL RESULTS TO section.

INDIVIDUALS requesting and receiving their OWN Results have the option for [Remote Online Electronic notarization through NotaryCam](#) for an additional \$15.00 fee. You may need to disable pop up blockers to proceed to NotaryCam.



NotaryCam®

Get your SP-167 notarized in minutes
online with NotaryCam.

Get Started

**EXAMPLE
FORM
Do Not Use**

Search Information

Request Type: * **Criminal History and Sex Offender Search - \$20.00**

Purpose: * **OTHER PURPOSE**

Specify Purpose: * **EMPLOYMENT**

Last Name: *

First Name: *

Middle Name:

Maiden Name:

Suffix: --Select--

Race: * --Select--

Sex: * --Select--

Date of Birth: *

SSN:

Non-profit volunteer: ☐

Mail Results To

Name/Agency: * **ASPIRATION IN LIFE H**

Attention: **ADMINISTRATOR**

Address Line 1: **1403 BARDOT LANE**

Address Line 2:

City: **PORTSMOUTH**

State: * **VIRGINIA**

Country: * **UNITED STATES OF AMERICA**

Zip Code: * **23701** -

Contact Information

Phone Number: **(866)602-4544**

Email Address: **ADMIN@AILHH.COM**

((xxx)xxx-xxxx)

(example@domain.com)

Payment

Fee: **\$20.00**

Pay Method: * **Certified Check**

Please make all payments payable to Virginia State Police

VSP Account Number:

(For Existing NCJI Account Holders)

Confirm

Clear

XXII PK'CRIMINAL HISTORY RECORD NAME SEARCH REQUEST**PURPOSE OF THIS REQUEST (Check only one):**☐ DOMESTIC ADOPTION☐ INTERNATIONAL ADOPTION☐ VISA (INTERNATIONAL TRAVEL)☒ OTHER (please specify)**EMPLOYMENT**

0069231334

NAME QHFFKX WCN TO BE SEARCHED: 'P qct k gf 'Uli pcwt g' Tgs wlt gf 'lp' Ugevkp '3'Dgny +**LAST NAME****FIRST NAME****MIDDLE NAME****MAIDEN NAME****RACE****SEX****DATE OF BIRTH**

(MM/DD/YYYY)

SOCIAL SECURITY NUMBER**Ugevkp '3' AFFIDAVIT FOR RELEASE OF INFORMATION: THIS SECTION NEEDS TO BE NOTORIZED & FILLED OUT BY A NOTARY**

I hereby give consent and authorize the Virginia State Police to search the files of the Central Criminal Records Exchange for a criminal history record and report the results of such search to the agent or individual authorized in this document to receive same.

DO NOT SIGN UNTIL IN PRESENCE OF NOTARY

State of _____ ☐ County ☐ City of _____, MN DL: _____ to wit: _____ Signature _____
 (/ /)
 My commission expires: _____ My registration # is: _____
 Signature of Notary Public _____

Ugevkp '3' SIGNATURE OF PERSON MAKING REQUEST: C gpe { 'Uli pcwt g' Tgs wlt gf 'lp' Ugevkp '3'Dgny +

As provided in Section 19.2-389, Code of Virginia, I hereby request the criminal history record of the individual named above and swear or affirm I have the consent of the individual to obtain their record and will not further disseminate the information received, except as provided by law.

THIS SECTION WILL BE COMPLETED BY AIL HOME HEALTHCARE

Signature of C gpe { Individual Making Request

State of _____ ☐ County ☐ City of _____; to wit: _____
 (/ /)
 My commission expires: _____ My registration # is: _____
 Signature of Notary Public _____

PCO G'CPF' MAILING ADDRESS OF AGENCY, INDIVIDUAL OR AUTHORIZED AGENT MAKING REQUEST: 'H C gpe { or Agent is Receiving the Results, their Notarized Signature is Required in Section 2)

Mail Results To:

NAME

ASPIRATION IN LIFE HOME HEALTHCARE

ATTENTION

ADMINISTRATOR

ADDRESS

1403 BARDOT LANE

CITY

PORTSMOUTH

STATE

VA

ZIP CODE

23701

Please provide your contact information in case there is a discrepancy with your form.

Phone: **(866)602-4544**Email: **admin@ailhh.com****FEES FOR SERVICE:****WE PAY FEE**☐ \$15.00 CRIMINAL HISTORY SEARCH☒ **\$20.00 COMBINATION CRIMINAL HISTORY & SEX OFFENDER SEARCH**

* FEES For Volunteers with Non-Profit Organizations:

☐ \$8.00 CRIMINAL HISTORY SEARCH☐ \$16.00 COMBINATION CRIMINAL HISTORY & SEX OFFENDER SEARCH

* To be entitled to reduced price, services must be on volunteer basis for a non-profit organization with a tax exempt number. Attach documentation to form which supports volunteer status and include organization's name, address, and the tax exempt identification number.

METHOD OF PAYMENT: (Note: Personal Checks Not Accepted)☒ **Business or Certified check** or Money order (payable to Virginia State Police)**CHARGE CARD:** ☐ MasterCard OR ☐ Visa

Account Number: _____ - _____ - _____ Expiration: _____ / _____

Signature of Cardholder: _____

☐ Virginia State Police PEI Account Number: _____**Mail This Form To:**

Virginia State Police
 Central Criminal Records Exchange – NEL
 P. O. Box 85076
 Richmond, Virginia 23285-5076

FOR STATE POLICE USE ONLY – DO NOT WRITE BELOW THIS LINEResponse based on comparison of name information submitted in request against a master name index maintained in the Central Criminal Records Exchange only. Unless fingerprints are submitted, this request will only return Virginia Convictions.☐ No Virginia Conviction Data – Does Not Preclude the Existence of an Arrest Record☐ No Virginia Criminal Record – Name Search Only☐ No Virginia Criminal Record – Fingerprint Search☐ No Virginia Sex Offender Registration Record☐ Virginia Criminal Record Attached

Date: _____ By CCRE/ _____

Purpose code:

☐ C☐ N☐ O