



Employment Application Form

NOTE: Applicants may be tested for illegal drugs.

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

Personal Information

PLEASE COMPLETE ALL QUESTIONS, PAGES 1-4				Date:	
Name:		Last: _____		First: _____	
				Middle: _____	
Present Address:		Street: _____		City: _____	
				State: _____	
				Zip: _____	
How long at this address?: _____			Social Security No.: - - - - -		
Home Phone: () - - - - -		Business Phone: () - - - - -		Cell Phone: () - - - - -	
Please list age (if under 18): _____		Please indicate the days and times you are available to work:			
Position applied for: _____		<input type="checkbox"/> Anytime			
Have you ever applied here before: Yes _____ No _____		Mon – From: _____ To: _____		Thr – From: _____ To: _____	
Salary range desired: _____		Tue – From: _____ To: _____		Fri – From: _____ To: _____	
		Wed – From: _____ To: _____		Sat – From: _____ To: _____	
				Sun – From: _____ To: _____	
How many hours can you work weekly? _____			Are you available to work nights? <input type="checkbox"/> Yes <input type="checkbox"/> Some <input type="checkbox"/> None		
Are you available to work weekends? <input type="checkbox"/> Yes <input type="checkbox"/> Some <input type="checkbox"/> None			Would you consider live-in? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employment desired: <input type="checkbox"/> PART-TIME ONLY <input type="checkbox"/> FULL- OR PART-TIME <input type="checkbox"/> FULL-TIME ONLY					
Are you legally authorized to work in the US?: <input type="checkbox"/> Yes <input type="checkbox"/> No			When are you available to start work?: _____		
Where did you hear about us? _____			Email address: _____		

Education Information

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (City, State)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. Or Trade School				
Professional School				

Have you ever been convicted of a crime? Yes No

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation (A conviction will not necessarily result in the denial of employment):

Have you ever worked under a different name? Yes No

If YES, what was it and what was the reason?

Do you have any relatives or friends that work for the Company? Yes No

If YES, what is their name?

In Case of Emergency, Please Contact: Name: _____ Relation: _____

Home Phone: _____

Business Phone: _____



APPLICATION FOR EMPLOYMENT

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EXCEPT SIGNATURE**

Work Experience Please list **at least two** of your work experiences for the past five years **beginning with your most recent job held. If you were self-employed, give company name.** Attach additional sheets if necessary.

Name and address of employer:	Name of last supervisor	Employment dates	Pay or salary
		From: To:	Start: Final:
Phone number:	Your Last Job Title:		
Reason for leaving (be specific):			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked here:			

May we contact your present employer? Yes No

If NO, Please Explain Why and Please Provide Us With Another Work Reference:

Name and address of employer:	Name of last supervisor	Employment dates	Pay or salary
		From: To:	Start: Final:
Phone number:	Your Last Job Title:		
Reason for leaving (be specific):			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked here:			

May we contact this employer? Yes No

If NO, Please Explain Why and Please Provide Us With Another Work Reference On Separate Sheet:

Skill Information

How would you rate yourself on your experience with the following aspects of caregiving?			
1 = No Experience 2 = Some Experience 3 = Good Experience 4 = Excellent Experience			
Companionship	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3 <input type="checkbox"/> 4
Meal Preparation	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3 <input type="checkbox"/> 4
Light Housekeeping	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3 <input type="checkbox"/> 4
Bathing / Showering	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3 <input type="checkbox"/> 4
Dressing / Grooming	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3 <input type="checkbox"/> 4
Transferring	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3 <input type="checkbox"/> 4
Incontinence Care		<input type="checkbox"/> 1	<input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Dementia / Alzheimer's Care		<input type="checkbox"/> 1	<input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Comments			

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

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In exchange for the consideration of my job application by PILLARS NURSING SERVICES, LLC. (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of PILLARS NURSING SERVICES, LLC. or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and PILLARS NURSING SERVICES, LLC. may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I hereby release any and all prior employers or current employers from liability or claims arising out of the provision of information about my employment with such employer. I hereby waive any cause of action I might otherwise have against such employer arising out of the provision of information concerning my employment.

I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE. I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

Signature of applicant: _____ Date: _____

Printed name: _____

PILLARS NURSING SERVICES, LLC. is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.

Please return this application to our office at your earliest convenience.



6835 Sturbridge drive
Apt A, Baltimore, MD
21234
(443) 642-9004 (TEL)



Authorization And Release For The Procurement Of A Consumer And/OR Investigative Consumer Report

(PLEASE PRINT OR TYPE)

I, the undersigned consumer, do hereby authorize PILLARS NURSING SERVICES, LLC. by and through its independent contractor, **ADP**, to procure a consumer report and/or investigative consumer report on me.

These above-mentioned reports may include, but are not limited to, information as to my character, general reputation, personal characteristics and mode of living, discerned through employment and education verifications; personal references; personal interviews; my personal credit history (if applicable to the position) based on reports from any credit bureau; my driving history, including any traffic citations; a social security number verification; present and/or former addresses; criminal and/or civil history/records; or any other public record.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative consumer report of which I am the subject upon my written request to **ADP**, if such is made within a reasonable time after the date hereof. I also understand that I may receive a written summary of my rights under 15 U.S.C. § 1681et. seq.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to PILLARS NURSING SERVICES, LLC., by and through **ADP**, including, but not limited to, any and all courts, public agencies, law enforcement agencies and credit bureaus, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources.

I hereby release PILLARS NURSING SERVICES, LLC. **ADP** and any and all persons, business entities and governmental agencies, whether public or private, from any and all liability, claims and/or demands, by me, my heirs or others making such claim or demand on my behalf, for providing a consumer report and/or investigative consumer report hereby authorized.

I understand that this Authorization/Release form shall remain in effect for the duration of my employment with said Company. Additionally, I give permission to investigate any incidents of workplace misconduct, including but not limited to; sexual harassment, of which I have been accused for which I am alleged to have been involved during my employment. Further, I certify that the information contained on this Authorization/Release form is true and correct and that my application or employment may be terminated based on any false, omitted, altered or fraudulent information.

Signature: _____ Date: _____

Printed Name: _____
First
Middle
Last

Date Used: _____

Other Names Used (Alias, maiden, nickname, etc)

Current Address: _____
Street /P. O. Box
City
State
Zip Code
County
Date Lived

Former Address: _____
Street /P. O. Box
City
State
Zip Code
County
Date Lived

Former Address: _____
Street /P. O. Box
City
State
Zip Code
County
Date Lived

Social Security Number: _____ Daytime Telephone Number: (____) _____

Driver's License Number: _____ State of Issuance: _____ Date of Birth*: _____ Gender* _____

- Have you ever been convicted of a crime or convicted in a military court martial? Yes ____ No ____
- Have you ever been sanctioned or had your licenses suspended or revoked? Yes ____ No ____
- Are you currently under any investigation or pending charge? Yes ____ No ____

* This information will enable us to properly identify you in the event we find adverse information during the course of our background search.