Application for Employment with our Home Care Organization

Name Date

 Last First Middle

Address

 Street City State/Province ZIP/Postal Code

Telephone # ( ) Cell Phone # ( )

E-Mail address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Referred to us by

Position(s) applied for [ ]  Caregiver [ ]  Nursing [ ]  Management \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date available \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of employment desired [ ]  Full-Time [ ]  Direct Employee [ ]  Contractor

 [ ]  Part-Time

 [ ]  On-Call

 [ ]  Live-In Shift

**Please Specify Days and Hours you are available:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| SUN | MON | TUE | WED | THU | FRI | SAT |
|  |  |  |  |  |  |  |

If currently employed, may we contact your employer? [ ]  Yes [ ]  No

Are you legally eligible for employment in this country?  [ ]  Yes [ ]  No

Are you available to work overtime if required?  [ ]  Yes [ ]  No

Have you been convicted of a crime in the last seven (7) years? [ ]  Yes [ ]  No

If yes, please explain

 CONVICTION WILL NOT NECESSARILY BE A DISQUALIFICATION FOR EMPLOYMENT.

If considered for hiring, will you agree to provide a criminal background check? [ ]  Yes [ ]  No

If considered for hiring, will you agree to provide a driver’s motor vehicle check? [ ]  Yes [ ]  No

**EDUCATIONAL BACKGROUND**

List previous three (3) educational institutions attended, beginning with the most recent.

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | DEGREE(s)/DIPLOMA(s) |
| SCHOOL | CITY, STATE/PROVINCE | GRADUATED? | EARNED |
|  |  |  [ ]  Yes [ ]  No |  |
|  |  |  [ ]  Yes [ ]  No |  |
|  |  |  [ ]  Yes [ ]  No |  |

What nursing or relevant designations, licenses, or registrations if any, do you possess?

 Type Date of Most Recent Registration Valid in State of Virginia

 [ ]  Yes [ ]  No

 [ ]  Yes [ ]  No

Do you have the following: CNA / HHA / MA [ ]  No [ ]  Yes Last Certified \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 CPR / First Aid [ ]  No [ ]  Yes Last Certified \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 TB [ ]  No [ ]  Yes Last Certified \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other professional licenses and certifications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Indicate methods of verification of applicable professional licenses or certificates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMPLOYMENT BACKGROUND**

Provide the following information beginning with the most recent employer.

|  |  |  |  |
| --- | --- | --- | --- |
| EMPLOYER | TELEPHONE | DATES EMPLOYED |  |
|   | ( ) | FROM | TO |  |
| ADDRESS |  |  |  |  |
|  |  |  |  |  |
| JOB TITLE |  | HOURLY RATE/SALARY |  |
|  |  | STARTING |  |
| IMMEDIATE SUPERVISOR AND TITLE AND PHONE NUMBER |  | $ | per |  |
|  |  |  |  |  |
| REASON FOR LEAVING |  | HOURLY RATE/SALARY |  |
|  |  | FINAL |  |
| MAY WE CONTACT FOR REFERENCE? |  | $ | per |  |
|  [ ] Yes [ ] No [ ] Later |  |  |  |  |
| EMPLOYER | TELEPHONE | DATES EMPLOYED |  |
|  | ( ) | FROM | TO |  |
| ADDRESS |  |  |  |  |
|  |  |  |  |  |
| JOB TITLE |  | HOURLY RATE/SALARY |  |
|  |  | STARTING |  |
| IMMEDIATE SUPERVISOR AND TITLE AND PHONE NUMBER |  | $ | per |  |
|  |  |  |  |  |
| REASON FOR LEAVING |  | HOURLY RATE/SALARY |  |
|  |  | FINAL |  |
| MAY WE CONTACT FOR REFERENCE? |  | $ | per |  |
|  [ ] Yes [ ] No [ ] Later |  |  |  |  |

Include more pages if needed. Provide a professional resume.

**REFERENCES (PROVIDE THREE (3) JOB RELATED)**

List the name, relationship, number of years acquainted, and phone number of 3 references. (No relatives please).

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | YEARS | PHONE  |
| NAME | RELATIONSHIP | ACQUAINTED | NUMBER |
|  |  |  |  ( ) |
|  |  |  |  ( ) |
|  |  |  |  ( ) |

*I certify that all the information I have provided is true, complete, and correct.*

*The information contained within this application, or any cover letter or resume attached is not shared with any third parties. The information is used by the employer only as an aid in the hiring decision making process. The applicant, by signing the application gives the employer consent to collect the information contained herein and use for the purpose specified.*

I authorize the employer to investigate all statements contained on this application. I understand that any misrepresentation or omission of facts called for is cause for immediate disqualification and/or if employed, immediate dismissal.

*I understand that if I am hired, I will be required to provide criminal background check, proof of identity and legal authority to work in Virginia, proof of certifications or educational qualifications, and a driver abstract (if applicable).*

Furthermore, I understand and agree that if employed, I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same rights to terminate my employment at any time, with or without prior notice, except as may be required by law. This application does not in any way constitute an agreement or contract for employment.

Applicant’s Signature Date \_

For office use only:

 Date application received:

Date applicant contacted:

A Face-to-Face Interview will be conducted on all potential employees prior to being hired. Additional interviews maybe required before a position may be offered to an applicant.

Please ask a potential employee to provide a copy of the following for the Interview.

\_\_\_\_\_\_\_Social Security Card

\_\_\_\_\_\_\_Driver’s License/Photo ID

\_\_\_\_\_\_\_Auto Insurance cards

\_\_\_\_\_\_\_Any training certificates/Competency trainings

\_\_\_\_\_\_\_Prior work-related experiences: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_Dementia and Alzheimer’s experience

\_\_\_\_\_\_\_Proof of TB testing