



PAMCO Care, LLC.  
 7610 Lucas Court  
 Gainesville, VA 20155

**Application for Employment**

Referred by: \_\_\_\_\_

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

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

City State Zip Code

Home #: ( ) \_\_\_\_\_ Cell #: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Position: \_\_\_\_\_ Date Available: \_\_\_\_/\_\_\_\_/\_\_\_\_

Status Desired:  Full-Time  Part-Time  Relief  Any Available

Region in which you desire to work:  Manassas  Gainesville

Have you ever applied for a position with PAMCO CARE, LLC. Before?  Yes  No

For vehicle insurance purposes: Are you 21 years old or older?  Yes  No

Educational Background:	Name/Location	Did you graduate?	Degree?
High School		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes GED <input type="checkbox"/> Yes
		<input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> No
College		<input type="checkbox"/> Yes	<input type="checkbox"/> Associate <input type="checkbox"/> Other Degree:
		<input type="checkbox"/> No	<input type="checkbox"/> Bachelor _____

**Employment History:**

Employment Begin with the most recent	Dates of Employment/ Salary & Reason for Leaving	Your Job Title/ Supervisor's Name	Brief Description of Duties
		Your Title:	
		Supervisor:	



Phone:			
		Your Title:	
		Supervisor:	
Phone:			
		Your Title:	
		Supervisor:	
Phone:			
		Your Title:	
		Supervisor:	
Phone:			

These positions will require tasks such as lifting, running, kneeling or performing CPR during emergencies, as well as having the ability to complete all required documentation according to standards and to pass all required tests; all areas that are considered “essential job functions”. You may also be required to use authorized physical intervention techniques during episodes of aggressive client behavior. Do you have any limitations that may affect your ability to perform these tasks?  Yes  No (If yes, please explain.)

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Have you ever been convicted of any crime other than a traffic violation?  Yes  No (If yes, please explain.)  
 Include offense, note if a misdemeanor or felony and date of conviction.

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This position will require that we are able to contact you in the event of emergency or shift change. Do you have a current, active telephone number? \_\_\_\_\_

**If I am hired at PAMCO in a direct care role:**

- I understand that the needs of the individual we support and programs come first; therefore I may be assigned a different shift or location to meet those needs.
- I will provide the information and release required to complete CPS/APS and criminal history checks.
- I will submit verification of vehicle insurance coverage within the first thirty days of employment.
- I will obtain and submit the results of tuberculosis (TB) test within the first thirty days of my employment.
- I understand that I will be required to have a vehicle available to use on a regular basis, during all shifts worked.



- I understand that during the course of my employment I must meet all of the standards of HHS-OIG as a non-excluded provider.
- I understand that I must complete/pass all required training and maintain current certifications in CPR/First Aid.
- I understand and agree that my employment is for no specific period of time, and that I may be terminated without any previous notice.

**I understand and agree that the information contained in this application may be verified and that falsification of any information is cause for dismissal.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



**Background and Reference Check Release Form**

I, \_\_\_\_\_, hereby authorize **PAMCO Care, LLC** and its agents to make investigations and inquiries into my employment and educational history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, and other persons from all liability in responding to inquiries connected with my application and I specifically authorize the release of information by any schools, businesses, individuals, services or other entities provided on my employment application. Furthermore, I authorize the company and its agents to release any reference information to prospective employers who request such information for purposes of evaluating my credentials and qualifications.

I also authorize PAMCO Care, LLC to request, review, and obtain driving and vehicle information through Virginia's Department of Motor Vehicles at time employment is offered and ongoing thereafter.

I acknowledge that I have read this authorization and release, fully understand it, and Voluntarily agree to its provisions.

**Notice: If you have an out of state driver's license you will be responsible for retrieving your driving record.**

_____ Employee Signature	_____ Date
_____ Printed Name	_____ Driver's License # & State



## Personal Reference Check

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Applicant's Name

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Position Applied For

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Name, Organization & Phone Number

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Reviewer's Name & Title

**How long and in what capacity have you known the applicant?**

**Please describe his/her job duties, briefly:**

**What did you admire most about the applicant?**

**What is something the applicant could improve on?**

**Reliability:**

Above Average  Average  Below Average

**Ability to work with others:**

Above Average  Average  Below Average

**Ability to work with people with Disabilities:**

Above Average  Average  Below Average

**Initiative:**

Above Average  Average  Below Average

**Professionalism:**

Above Average  Average  Below Average

**Eligible for rehire?**

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Reviewer's Signature	Date



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