

HEALING ABODE HEALTHCARE AGENCY, LLC

EMPLOYMENT APPLICATION

INSTRUCTIONS: If you need help filling out this application form or for any phase of the employment process, please notify the person who gave you this form and every reasonable effort will be made to meet your needs in a reasonable amount of time.

- Please read "Applicant Note" below.
- Complete all pages of this application.
- Print clearly. Incomplete or illegible applications may not be accepted.
- If more space is needed to complete any question, use the comments section on the back.
- Application will be valid for 60 days.

APPLICANT NOTE: This application form is intended for use in evaluating your qualifications for employment with us, an independently owned and operated agency. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment begins, terminating employment. All qualified applicants will receive consideration and will be treated throughout their employment without regard to race, color, religion, sex, national origin, age, disability, or any other protected class status under applicable law. Additional testing for the presence of illegal drugs in your body may be required prior to employment.

PERSONAL INFORMATION

<u>Today's Date:</u> <hr style="width: 80%; margin-top: 5px;"/>	Position(s) of Expertise: <input type="checkbox"/> Patient Care Assistant <input type="checkbox"/> Certified Nursing Assistant <input type="checkbox"/> Registered Nurse <input type="checkbox"/> Licensed Practical Nurse <input type="checkbox"/> Director Of Nursing <input type="checkbox"/> Financial Manager <input type="checkbox"/> Alternate Administrator				
Last Name:		First Name:		Middle Name:	
Current Address:			City:	State:	Zip:
Previous Address:			City:	State:	Zip:
Cell Phone:			Email:		
Emergency Contacts: Name: _____		Number: _____		Name: _____	
		Number: _____			
Valid Driver's License # _____		State Issued: _____		Expire Date: _____	
Vehicle Model : _____		Make _____		Year _____	
Auto Insurance Company: _____		Policy # _____		Expire Date: _____	

As a condition of employment, all employees must be "Bondable / Insurable".
 Are you at least 18 years of age? Yes / No

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- Have you ever submitted an application here before? Yes / No
If yes, when? _____
- Have you ever been employed here before? Yes / No
If yes, when? _____
- How did you hear about **HEALING ABODE HEALTHCARE AGENCY, LLC**?
 Internet Friend Recruiter Advertisement Other _____
- Have you been given a copy of the job description for the position in which you have applied?
 Yes / No
- Are you able to perform the essential functions of the job for which you are applying, with or without, a reasonable accommodation? Yes / No
- Why are you interested in employment with us?

AVAILABILITY

Due to the nature of the business, schedules are NOT guaranteed.

When are you available to begin work? _____

Please complete all areas of availability:

Mornings Afternoon Evenings Overnights Weekdays Weekends

Please indicate the days of the week as well as the earliest and latest times that you are available for work.

SHIFTS	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
START TIME:							
END TIME:							

PREFERENCES:

Please **check** all cities in which you are willing to work:

Virginia Beach Chesapeake Norfolk Portsmouth Suffolk Hampton Newport News

Please indicate the types of services which you are willing to provide:

<input type="checkbox"/> Companionship	<input type="checkbox"/> Light Housekeeping	<input type="checkbox"/> Errands/Shopping/Transportation
<input type="checkbox"/> Meal Preparation	<input type="checkbox"/> Laundry/Ironing	<input type="checkbox"/> Personal Care (ADL's)
<input type="checkbox"/> Activities (Games/crafts)	<input type="checkbox"/> Medication Reminders	<input type="checkbox"/> Dementia/Alzheimer's Care

- In order to provide transportation or run errands, you will be required to have a valid driver's license and current auto insurance. A motor vehicle record check will be conducted and proof of insurance will be required.

Are you willing to provide service to a client with a pet? Yes / No

Are you willing to provide service to a client that smokes? Yes / No

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JOB RELATED SKILLS

Have you ever provided any Personal Care Services in a professional setting? Yes / No

Describe any work history that would apply to caring for a Client:

_____.

What do you like most about working in Home Health Care?

_____.

What do you like least about working in Home Health Care?

_____.

Please complete the sentence:

I enjoy taking care of others _____

_____.

EDUCATION

Please check highest level completed:

- Did not complete high school/GED
- Completed GED/HSED
- Graduated from High School
- Some college, no degree
- One-year Technical Diploma

- Two-year Technical Diploma
- Two-year Associates
- Bachelor's Degree
- Some graduate degree courses
- Graduate college degree

<i>School Type</i>	<i>School Name</i>	<i>City, State</i>	<i>Major, Subject</i>	<i># of Years Attended</i>	<i>Graduate</i>
High School					<input type="checkbox"/> YES / <input type="checkbox"/> NO
Vocational/ Technical					<input type="checkbox"/> YES / <input type="checkbox"/> NO
College/ University					<input type="checkbox"/> YES / <input type="checkbox"/> NO

***For employment, our minimum education requirements are a High School diploma or GED.**

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WORK HISTORY

As we make every effort to contact previous employers, your application will not be considered if any important information below is intentionally left blank or incorrect.

Begin with your current or most recent employer. List **chronologically** all employment for **10 years**, including summer and part-time employment while attending school. To furnish additional employment information, attach sheets of the same size and format as this application. Begin with your current or most recent employer.

<u>Name and Address of Employer</u>	<u>Dates of Employment</u> From (mm/yyyy) To (mm/yyyy)
Name of Employer:	From: To:
Address:	<input type="checkbox"/> Full-Time Wages/Hr: <input type="checkbox"/> Part-Time
City:	State, Zip:
Supervisor's Name/Telephone Number:	May we contact the employer / supervisor? Yes / No
Job Title:	Reason for leaving:
<u>Name and Address of Employer</u>	<u>Dates of Employment</u> From (mm/yyyy) To (mm/yyyy)
Name of Employer:	From: To:
Address:	<input type="checkbox"/> Full-Time Wages/Hr: <input type="checkbox"/> Part-Time
City:	State, Zip:
Supervisor's Name/Telephone Number:	May we contact the employer / supervisor? Yes / No
Job Title:	Reason for leaving:
<u>Name and Address of Employer</u>	<u>Dates of Employment</u> From (mm/yyyy) To (mm/yyyy)
Name of Employer:	From: To:
Address:	<input type="checkbox"/> Full-Time Wages/Hr: <input type="checkbox"/> Part-Time
City:	State, Zip:
Supervisor's Name/Telephone Number:	May we contact the employer / supervisor? Yes / No
Job Title:	Reason for leaving:

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SECURITY

When completing the following information, do not disclose information regarding convictions that have been judicially sealed, expunged, eradicated, impounded, or dismissed. Do not disclose information regarding juvenile court convictions or minor traffic violations. A conviction will not automatically disqualify you from employment. All cases are considered on an individual basis, and the offense will be compared to the position that you are applying for.

- Have you been convicted of, pled guilty or no contest to, been imprisoned, or on probation for any felony? Yes / No
- Have you been convicted of, pled guilty or no contest to, been imprisoned, or on probation or parole for any misdemeanor? Yes / No
- Do you currently have charges pending against you? Yes / No
- Are you currently on probation? Yes / No
- Are you prohibited by state or federal law from possessing a firearm? Yes / No
- Has a State Licensing Authority ever revoked, suspended, or placed conditions upon your professional / occupational license(s)? Yes / No

If you answered "Yes" to any of the questions above, please explain completely:

Incident	City / State / Country	Criminal Charge

Are you currently legally authorized to work in the United States? Yes / No

Have you had any moving traffic violations? Yes / No

If yes, please describe: _____

I have completed the attached Criminal & Motor Vehicle Authorization forms.

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REFERENCES - THIS SECTION MUST BE COMPLETE

Work or education related (e.g. former employees, supervisors, co-workers, school faculty)/ No relatives/significant others.		
Name/Telephone/Address	Occupation	Nature of Relationship
Full Name: _____ Full Telephone: _____ Full Address: _____ _____	_____ _____	_____ _____
Full Name: _____ Full Telephone: _____ Full Address: _____ _____	_____ _____	_____ _____
Full Name: _____ Full Telephone: _____ Full Address: _____ _____	_____ _____	_____ _____

CERTIFICATION AND RELEASE: Please check ALL boxes:

- I certify that I have read and understand the applicant note on page one (1) of this form and that the answers given by me, to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts in this application may result in rejection of my application or discharge at any time during my employment.
- I authorize the company and/or its agents, including consumer-reporting bureaus, to verify any of this information including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I release this company from any liability which might result from making such investigations.
- I also understand that the use of illegal drugs is prohibited during employment. I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.
- I understand that this application is not a contract of employment. My employment is contingent upon confirmation of credentials and successful completion of a criminal background check. I also understand that if hired, regardless of any oral presentations to the contrary, the employment relationship between **HEALING ABODE HEALTHCARE AGENCY, LLC** and myself is terminable at-will, so that both the company and I remain free to choose to end our work relationship at any time for any reason.
- Any changes in this employment relationship must be made in writing.
- My signature below acknowledges that I have read, understood and agree to the above disclosure. I also understand that due to the nature of the business, no amount of work can be guaranteed.

Applicant Name (Print) X _____

Applicant's Signature X _____ Date: _____

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REFERENCE CHECK

RELEASE FOR CURRENT / PREVIOUS EMPLOYERS

I _____ authorize **HEALING ABODE HEALTHCARE AGENCY, LLC**
Print Name

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 Healing Abode Healthcare Agency, LLC. I hereby release all such persons from any liability and damages incurred as a result of furnishing this information.

Names of three (3) References Listed on Application:

1. _____
2. _____
3. _____

Last 4 of SSN: _____

Position you're applying for: _____

Applicant's Signature _____

Today's Date: _____