

Application for Employment with 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 Part-Time On-Call Live-In Shift
 Direct Employee Contractor

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.

SCHOOL	CITY, STATE/PROVINCE	GRADUATED?	DEGREE(s)/DIPLOMA(s) EARNED
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> 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
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> 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 _____

Please indicate other professional licenses and certifications: _____

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
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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).

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

REFERENCE CHECKS

Indicate when references were checked, who did the verification, and the results of the verification:

CAREGIVERS - USE EMPLOYMENT REFERENCE FORM FOR DETAILED VERIFICATION

(Included in the Forms for Hiring)

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: _____

DISCLOSURE/RELEASE/AUTHORIZATION FORM

1. By this document _____ is hereinafter referred to as the Agency, discloses to you that a consumer report may be obtained for employment purposes as part of the pre-screening background check and at any time during your employment or affiliation.

2. This shall authorize the procurement of a consumer report by a credit reporting agency or other sources as part of the pre-screening background investigation. If accepted, this authorization shall remain on file and shall serve as an ongoing authorization for the named employer or its associates or other sources to procure consumer reports at any time during my affiliation or employment period.

3. I also authorize the procurement of an investigative consumer report and understand that it may contain information about my employment and educational background, professional licenses and certifications, criminal history, credit, workers comp claims, mode of living, character, and personal reputation. I also understand you may make use of the internet including social networking sites. I understand that I have the right to obtain additional disclosure as to the nature and scope of the investigation upon written request within a reasonable period of time and to obtain a copy of the report upon request. This authorization, in original or copy form, shall be valid for this and any future reports or updates that may be requested.

4. In connection with this request, I authorize all corporations, companies, former employers, supervisors, credit agencies, educational institutions, law enforcement/criminal justice agencies, city, state, county and federal courts, state motor vehicle bureaus and persons to release information they may have about me to the person or company with which this form has been filed if required, or their agent. I further authorize you to secure an investigative consumer report at any time, and any number of times, before, during and after my employment, if in the company's (or its designees) discretion, it has a legally permissible and legitimate business need for the information requested.

5. I release and hold harmless all parties involved from any and all liability for damages arising from requesting, procuring, or furnishing the requested information except with respect to a violation of the Act. I authorize the employer and its agent/credit reporting agency and all associated entities and its clients to receive any criminal history information or credit report pertaining to me in the files of any state or local criminal justice agency.

6. Section 32.1-162.9:1 of the Code of Virginia requires home care providers, as defined in §32.1-162.7 of the Code of Virginia, to obtain a criminal record report on applicants for compensated employment from the Virginia Department of State Police. Section 32.1-162.9:1 of the Code of Virginia also requires that all applicants for employment in home care organizations provide a sworn disclosure statement regarding their criminal history.

My signature below also indicates that I have received a [Summary of Rights](#) in accordance with the Fair Credit Reporting Act.

Applicant's Signature _____ **Date** _____

Print Name _____

Date of Birth _____

Driver's License # _____ **State** _____

Other Names Used _____

SWORN DISCLOSURE STATEMENT OF 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 _____

CONSENT FOR DRUG/ALCOHOL SCREENING TEST

If you are offered and accept employment with _____ is hereinafter referred to as the Agency, in the interest of safety for all concerned, you will be required to take a saliva or a urine test for drug and/or alcohol use.

I, _____, have been fully informed of the reason for this test for drug and/or alcohol (I understand what I am being tested for), the procedure involved, and do hereby freely give my consent. In addition, I understand that the results of this test will be forwarded to my potential employer and become part of my record. If this test is positive, and for this reason I am not hired, I understand that I will be given the opportunity to explain the results of this test.

I hereby authorize these test results to be released to the Agency.

Applicant's Signature _____

Date _____

Name (PRINT) _____

The information contained within this document is not shared with any third parties. The information is for record keeping and is kept in the employee's file during employment or as required by law. The information is used in the employee's confidential record of employment. The Employee, by signing this document gives the employer consent to collect the information contained herein and use for the specified purpose.