

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

We do not discriminate on the basis of age over 40, race, sex, color, religion, national origin, disability, or any other applicable status protected by state or local law. It is our intention that all qualified applicant be given equal opportunity and that selection decisions be based on job-related factors.

Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application. PLEASE PRINT, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Job Applied For (PCP, RN, Secretary, CNA, etc.) _____ Today's Date ____/____/____

Are you seeking: Full-time Part-time Temporary employment? When could you start work? _____

Form with fields for Last Name, First Name, Middle Initial, and Telephone Number.

Present Street Address _____ City _____ State _____ Zip Code _____

Are you 18 year of age or older? Yes No (If you are hired you may be required to submit proof of age.)

Social Security # _____ - _____ - _____ -- If hired, can you furnish proof you are eligible to work in the U.S.? .. Yes No

Have you ever applied here before? Yes No If yes, when? _____

Were you ever employed here? Yes No If yes, when? _____

Have you ever been convicted of any law violation (except a minor traffic violation)? Yes No

If yes, give details: _____ (A "Yes" answer does not automatically disqualify you from employment, since the nature of the offense, date, and the job for which you are applying will also be considered.)

Are you now or do you expect to be engaged in any other business or employment? Yes No

If yes, please explain: _____

For Driving Jobs Only: Do you have a valid driver's license? Yes No

Driver's License Number: _____ State of License: _____ Class of License: _____

Have you had your driver's license suspended or revoked in the last 3 years? Yes No

If yes, give details: _____

List professional, trade, business or civic activities and offices held. (Exclude labor organizations and memberships which reveal age over 40, race, sex, color, religion, national origin, disability or other protected status.) _____

Table with 4 columns: School Name, # of Years Completed, Diploma/Degree/Certificate, Subjects Studied.

LIST NAME AND ADDRESS OF SCHOOLS

High School or GED _____

College or University _____

Vocational or Technical _____

What skills or additional training do you have that are related to the job for which you are applying? _____

What machines or equipment can you operate that are related to the job for which you are applying? _____

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. PLEASE GIVE MONTH AND YEAR.

NAME OF EMPLOYER	JOB TITLE AND DUTIES
ADDRESS	DATES OF EMPLOYMENT: FROM TO
CITY, STATE, ZIP CODE	PAY START \$ FINAL \$
SUPERVISOR	TELEPHONE REASON FOR LEAVING

NAME OF EMPLOYER	JOB TITLE AND DUTIES
ADDRESS	DATES OF EMPLOYMENT: FROM TO
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SUPERVISOR	TELEPHONE REASON FOR LEAVING

Have you worked or attended school under any other name? Yes No
 If yes, give names : _____

Are you presently employed? Yes No
 If yes, may we contact your present employer? Yes No
 Have you ever been fired from a job or asked to resign? Yes No
 If yes, please explain : _____

Give three references, not relatives or former employers.

Name	Address	Phone
_____	_____	() -
_____	_____	() -
_____	_____	() -

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I understand that the employer may request an investigative consumer report from a consumer reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, schools and others. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.

I authorize the investigation of any of all statements contained in this application and also authorize any person, school, current employer (except as previously noted), past employers and organizations named in this application to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organization from any legal liability in making such statements.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre and/or post employment drug screen as a condition of employment, if required.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITH NOTICE. I have read, understand, and by my signature consent to these statements.

Signature _____ Date ____/____/____

This application for employment will remain active for a limited time. Ask the organization representative for details.

EMPLOYEE AVAILABILITY

Please provide the following information on your availability to work for Professional Home Health Care.

Type of Transportation you have / will use for home visits: _____

Do you have any allergies that would affect your work at ACLLC? No. Yes.

If yes, please list here: _____

Do you have a problem working with a client who smokes? No Yes

How many hours are you willing to work per week? _____

Locations willing to work (circle those that apply, and/or write in additional locations):

Chesapeake	Virginia Beach	Norfolk	Portsmouth	Suffolk	New Port News	Hampton
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Please Check (X) the Day and Time of Week You Are Available

	SUN	MON	TUE	WED	THUR	FIR	SAT
6:00 AM							
7:00 AM							
8:00 AM							
9:00 AM							
10:00 AM							
11:00 AM							
12:00 AM							
1:00 PM							
2:00 PM							
3:00 PM							
4:00 PM							
5:00 PM							
6:00 PM							
7:00 PM							
8:00 PM							
9:00 PM							
10:00 PM							
11:00 PM							
12:00 PM							
Overnight							

Initials: _____

ANN'S CARE LLC TELEPHONE REFERENCE CHECK FORM - # 1

EMPLOYMENT INFORMATION: To be completed by Applicant

Name of first Professional Reference To Be Contacted _____ Title _____

Company Name _____ Phone (_____) _____ - _____

Reason for leaving this company: _____

I authorize the company I worked for and/or the individual listed above to release information about me to Anna's Care LLC .

_____/_____/_____
Applicant Signature Date

*******FOR OFFICE USE ONLY**

EMPLOYMENT VERIFICATION: To be completed by employer

INTERVIEWER: Introduce yourself, identify our company) "One of your former employees, _____ (name), has applied for employment at our company as a _____ (job title). Hopefully, you will give me some insight on (him/her) and whether this is a suitable position for (him/her). May I ask you a few questions?"

What was his/her position? _____ What were the dates of his/her employment? _____

What was your relationship to him/her? (e.g., supervisor, co-worker, etc) _____

What were his/her strengths as an employee? _____

How would you rate his/her overall performance? _____

If you had an opening today for the same job, would you hire him/her? Why/why not? _____

Was he/she _____ dependable? _____ work well with other? _____ exhibit initiative?

If we were to extend an employment offer, what suggestions would you give us to help contribute toward _____'s success on the job? _____

Is there anything else you think would be helpful for us to know about _____ in making our hiring decision? _____

Name of Interviewer: _____ Date: _____/_____/_____

ANN'S CARE LLC TELEPHONE REFERENCE CHECK FORM - # 2

EMPLOYMENT INFORMATION: To be completed by Applicant

Name of first Professional Reference To Be Contacted _____ Title _____

Company Name _____ Phone (_____) _____ - _____

Reason for leaving this company: _____

I authorize the company I worked for and/or the individual listed above to release information about me to Anna's Care LLC .

Applicant Signature _____ Date ____/____/____

*******FOR OFFICE USE ONLY**

EMPLOYMENT VERIFICATION: To be completed by employer

INTERVIEWER: Introduce yourself, identify our company) "One of your former employees, _____ (name), has applied for employment at our company as a _____ (job title). Hopefully, you will give me some insight on (him/her) and whether this is a suitable position for (him/her). May I ask you a few questions?"

What was his/her position? _____ What were the dates of his/her employment? _____

What was your relationship to him/her? (e.g., supervisor, co-worker, etc) _____

What were his/her strengths as an employee? _____

How would you rate his/her overall performance? _____

If you had an opening today for the same job, would you hire him/her? Why/why not? _____

Was he/she _____ dependable? _____ work well with other? _____ exhibit initiative?

If we were to extend an employment offer, what suggestions would you give us to help contribute toward _____'s success on the job? _____

Is there anything else you think would be helpful for us to know about _____ in making our hiring decision? _____

Name of Interviewer: _____ Date: ____/____/____

(Form to be filed in employee file. Write any additional information or comments on a separate sheet of paper).



Pre-Employment BACKGROUND CHECK AUTHORIZATION

APPLICANT Complete the following information as accurately as possible. (Please Print Clearly.)

Last: _____ First: _____ MI: _____

SSN*: _____ D.L. #: _____ State: _____

Birth date*: _____ Phone: _____

Professional License Type: _____ State: _____ Lic #: _____ Expiration Date: _____

Other/Previous names: _____ Date _____ Changed: _____

(Attach additional sheet, if necessary.) Date _____ Changed: _____

Addresses: (List past seven years beginning with your current address. Include **street, city, state, zip code, county and dates of residence.** Attach additional sheet, if necessary.)

1. _____ City: _____ State: _____ Zip: _____ County: _____ Dates: _____

2. _____ City: _____ State: _____ Zip: _____ County: _____ Dates: _____

3. _____ City: _____ State: _____ Zip: _____ County: _____ Dates: _____

ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I, _____, understand that as part of the employment process, Anna's Care LLC needs to complete a background check on me regarding:

- | | |
|--------------------------------------|--|
| 1. Criminal record; | 6. Motor Vehicle Records; |
| 2. Sex and Violent Offenders Record; | 7. Personal/Professional Reference Verification; |
| 3. Employment Verification; | 8. Medical Suitability |
| 4. Education Verification; | 9. Drugs/Alcohol |
| 5. License Verification; | 10. Child Abuse Clearance (if indicated) |

- ◆ I authorize all federal and state agencies, persons and organizations that may have information relevant to this research to disclose such information to Anna's Care LLC or its authorized agent(s).
- ◆ I understand that this authorization is to be part of the written and signed employment application.
- ◆ I also understand that I do not have to give authorization for a background check but if I don't give permission, my employment application will not be processed further.
- ◆ I understand that I have specific rights under the federal Fair Credit Reporting Act (FCRA) and may have additional rights under relevant State law.
- ◆ I further authorize that a photocopy of this authorization may be considered as valid as the original.
- ◆ I hereby certify that all statements on this form are true and correct to the best of my knowledge and belief. I understand that employment with Anna's Care LLC is contingent upon successful completion of a background check.

Signature: _____ Date: _____

Printed Name: _____ SSN: _____

*This information (Birth date and SSN) will be used for background screening purposes only and will not be taken into consideration in making any employment decisions.