22648 Glenn Drive, Suite 401
Sterling, VA 20164

Equal Employment Opportunity: While many employers are required by federal law to have an Affirmative Action Program, all employers are required to provide equal employment opportunity and may ask your national origin, race and sex for planning and reporting purposes only. This information is optional and failure to provide it will have no effect on your application for employment. **We are an Equal Opportunity Employer and fully subscribe to the principles of Equal Employment Opportunity. Applicants and/or employees are considered for hire, promotion and job status, without regard to race, color, religion, creed, sex, marital status, national origin, and age, physical or mental disability.**

EMPLOYMENT APPLICATION

POSITION APPLYING FOR: ❑ RN ❑LPN ❑PT ❑PTA ❑OT ❑OTA ❑CNA ❑HHA ❑PCA ❑ _____

❑ Full Time ❑ Part time ❑ PRN ❑ Contract

Date of Application: _____ **Hired Date:** _____

PERSONAL INFORMATION

NAME: _____
Last First Initial

ADDRESS: _____
street City State ZIP Code

PHONE NUMBERS: Home: _____ Cell: _____
Fax: _____ Work: _____
Email: _____

DOB: _____**Social Security No:** _____**Marital Status:** ☐ Single ☐ Married ☐ Divorced ☐ Widowed

Ethnicity: ☐ Caucasian ☐ Asian ☐ Hispanic ☐ African American ☐ Other _____

Languages Spoken: 1. _____2._____

This information is use for staffing purposes only. **Do you have a car?** ☐ Yes ☐ No

Work travel arrangements: ☐ drives ☐ Bus ☐ Metro ☐ other _____

Are you able to perform the essential job functions of the position for which you are applying with or without reasonable accommodation? ☐ Yes ☐ No If No, explained:

EDUCATION & TRAINING

Circle last grade completed - Grade 1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4 Bachelors____ Masters _____Doctorate ____

Name & Address of College/University, or School Attended (Technical, Vocational, Graduate, etc.) Year Completed: _____

SKILLS AND QUALIFICATIONS

Please list any skills you have that are appropriate for the position you are applying for:_____

_____

_____

If required, will you work? Rotating shifts ☐ Yes ☐ No Saturdays ☐ Yes ☐ No Holidays ☐ Yes ☐ No
Overtime ☐ Yes ☐ No Sundays ☐ Yes ☐ No

Will you work with a client that smokes? ☐ Yes ☐ No

Will you work with a client that has pets*?* ***Dogs*** ☐ Yes ☐ No ***Cats*** ☐ Yes ☐ No

Are you currently employed? ☐ Yes ☐ No

EMPLOYMENT HISTORY

Starting with your PRESENT or MOST RECENT EMPLOYER list in consecutive order ALL EMPLOYMENT for at least the past three employers. If currently employed, may we contact your employer? ❑ Yes ❑ No

EMPLOYER NAME & ADDRESS:	Position title/duties, skills	Start date:	End date:
		Reason for Leaving:	
PAY $	Supervisor: Phone:		
EMPLOYER NAME & ADDRESS:	Position title/duties, skills	Start date:	End date:
		Reason for Leaving:	
PAY $	Supervisor: Phone:		
EMPLOYER NAME & ADDRESS:	Position title/duties, skills	Start date:	End date:
		Reason for Leaving:	
PAY $	Supervisor: Phone:		

REFERENCES

List two personal references who are not relatives.

Name Address Phone Occupation Years Known

Name Address Phone Occupation Years Known

EMERGENCY CONTACT

Name: _____Daytimephone:_____

Address: _____ Relationship:_____

FAIR CREDIT REPORTING ACT DISCLOSURE AND AUTHORIZATION STATEMENT

In connection with my application and or/continued employment, I understand that an investigative consumer report may be requested that will include information as to my character, work habits, performance and experience, along with reason for termination with past employment. I understand that as directed by Advantage Home Health Care policy and consistent with the job described, you may be requesting information from public and private sources about my: COURT RECORDS, DRIVING RECORDS, WORKERS' COMPENSATION INJURIES, EDUCATION, CREDENTIALS, CREDIT AND/OR REFERENCES.

Medical and Workers' Compensation information will only be requested in compliance with the Federal Americans with Disabilities Act and /or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my perspective employer from a consumer-reporting agency. If so, I will be notified and given the name and address of the agency or the Source that provided the information.

I acknowledge that a facsimile or photographic copy shall be valid as the original. This release is valid for most federal, state and county agencies.

Your personal information is used and required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purpose. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by an agent of Advantage Home Health Care to furnish the information described. I hereby release Advantage Home Health Care, INC and all persons, agencies, and entities providing information or reports about me from any and all liability arising from the request for, or release of, any of the mentioned information or reports. **Applicants Initial/Date:**

NON-COMPETE STATEMENT

<u>If hired, I</u> agree not to accept employment (whether temporary or permanent, full-time or part-time) from or on behalf of any person who is or was a client of Advantage Home Health Care, INC. This restriction shall apply only to employment for the provision of services similar to those offered by Advantage and shall be in effect for a period of one year following termination of employment. In the event of a breach of this restrictive covenant the employee shall pay to Advantage (or have his/her new employer pay on his/her behalf) liquidated damages in the nature of a placement fee in the amount of $2,500. **Applicants Initial/Date:**

AT-WILL EMPLOYMENT STATEMENT

Your employment with Advantage Home Health Care, INC, is a voluntary one and is subject to termination by you or Advantage at will, with or without cause, and with or without notice, at any time. Nothing in Advantage Home Health Care, INC policies shall be interpreted to be in conflict with or to eliminate or modify in any way the employment-at-will status of Advantage Home Health Care, INC employees. This policy of employment-at-will may not be modified by any officer or employee and shall not be modified in any publication or document. The only exception to this policy is a written employment agreement approved at the discretion of the President or the Board of Directors, whichever is applicable. These personnel policies are not intended to be a contract of employment or a legal document.
Applicants Initial/Date:

INFORMATION TO THE APPLICANT

I certify that the information contained in this application is correct to the best of my knowledge and understand that any misstatement or omission of information may result in denial of employment or discharge. I authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.
If necessary for employment, you may be required to: supply your birth certificate or other proof of authorization to work in the United States, have a physical examination and/or a drug test, or to sign a conflict of interest agreement and abide by its terms. I understand and agree to the information shown above. **Applicants Initial/Date:**

AKNOWLEDGEMENT

I have received my job description. The Director of Nursing or his/her representative has reviewed and explained to me Advantage Home Health Care policies and procedures. I further understand that if I need further information about the stated policies and procedures I, on my own time can review Advantage written policy and procedure manual.

I understand, if hire, my pay rate as follow: $ _____per hour, $ _____per visit, live in rates $ _____per day weekdays. I fully understand that my job may be temporary and that the client may determine my assignment status.

I_____ have read and understand Advantage Home Health Care policies and procedure. I fully understand and agree to all the terms of this agreement.

Applicant's Signature: _____Date: _____

Authorized Agency Representative: _____ Title: _____ Date: _____