

Employment Application

Healthcare at Home, LLC
An Equal Opportunity Employer



Authorization For Release of Information

Information About the Use of Disclosure

Full name: _____ How long have you used this last name? _____

Full Address: _____

How long have you lived at the above address? _____

Date of Birth: _____ Race: _____ Sex: _____

Soc. Sec. No.: _____ Driver's License No: _____

I hereby authorize a review and full disclosure of all of my records, or any part thereof, to any duly authorized agent of Healthcare at Home, whether the said records are public or private, and including those which may be deemed to be of a privileged or confidential nature, and I release all persons from liability on account of such disclosure.

The intention of this authorization is to provide information which will be considered in determining my suitability for employment with Healthcare at Home.

On our part, by your signature subscribed below, you hereby authorize this company, or any one authorized by it for such purpose, to make either oral or written inquiry of the nature described above, and authorizes any company or person of whom such inquiry is made to respond to such inquire either orally or in writing, or in any manner. Further, to facilitate and expedite such inquiries, the undersigned hereby authorizes the reproduction of this paper and its submission to any employer or other person of whom the above inquiries are made.

I understand that this authorization is voluntary and that I may revoke it at any time by submitting my revocation in writing to Healthcare at Home.

Witness

Applicant

Date _____

Date _____



SWORN STATEMENT OR AFFIRMATION

Last Name	First	Middle	SSN
-----------	-------	--------	-----

Current Mailing Address Street, P.O. Box #,	Apt. #	City	State	Zip Code
---	--------	------	-------	----------

Please respond to all four (4) questions below:

1. Have you ever been convicted of or are you the subject of pending charges of any crime within the Commonwealth of Virginia? Yes (convicted in Virginia) Yes (pending in Virginia) No

If yes to convicted or pending, specify crime(s): _____

2. Have you ever been convicted of or are you the subject of pending charges of any crime outside the Commonwealth of Virginia? Yes (convicted outside Virginia) Yes (pending outside Virginia) No

If yes to convicted or pending, specify crime(s) and state, or other location: _____

3. Have you ever been the subject of a founded complaint of child abuse or neglect within the Commonwealth of Virginia? Yes (in Virginia) No (in Virginia)

4. Have you ever been the subject of a founded complaint of child abuse or neglect outside the Commonwealth of Virginia? Yes (outside Virginia) No (outside Virginia)

If yes, specify state, or other location: _____

I hereby affirm that the information provided on this form is true and complete. I understand that the information is subject to verification and that making a materially false statement or affirmation is a Class I misdemeanor.

Signature

Date



CAREGIVER RESTRICTIVE COVENANT AGREEMENT

Employee

This agreement is written to confirm the conditions under which you will engage in providing services to clients an employee of HEALTHCARE AT HOME, LIVING ASSISTANCE SERVICES. You will provide home care services on an intermittent "as needed" basis, with the understanding that our Agency will inform you on the earliest possible date of the days on which services are required.

Your Service To Our Clients: You agree that you will exert every reasonable effort to have our client(s) constantly attend to, without interruption of service, during the hours on the predetermined weekly schedule. You agree that you will not abandon the client at any time. You agree not to smoke at any time inside the home of the care recipient. You agree not to make telephone calls without permission of the client. You agree not to explore any personal items of the client without written permission from the client. You agree not to allow any of your friends, relatives or other unauthorized visitors to enter the home of the client. You agree to secure written permission from the client prior to taking any breaks or to prior to leaving the home of the care recipient during predetermined working hours.'

Task: The tasks which you agree to provide to our clients generally include assistance with all matters of personal hygiene and grooming, planning and preparing meals, light housekeeping, laundry, and helping in coping with the routines of everyday life, including providing basic companionship and moral support. We do not provide medical services to clients and you agree not to provide medical services including administering medications to care recipients.

LIGHT HOUSEKEEPING DEFINED: *You are not required to provide a general housekeeping service.* Typical light housekeeping tasks to be provided by the caregiver employee would include: tidying up of rooms in which the care recipient spends his/her time (bedroom, living room, kitchen, bathroom), washing dishes after meals (wiping spills on sink or floor, "spot mopping"), sweeping kitchen floor when needed, passing the vacuum in rooms used by care recipients, tidying bathrooms after use by care recipient (rinsing tub or shower after use, wiping spills on sink or floor) and care recipient's laundry.

Non Disclosure Agreement and Restrictive Covenant: All information which we provide to you shall be considered strictly confidential and you agree that you will not, directly or indirectly, during your association with us make available to any person any of our confidential information without our specific written consent. You further agree not to circumvent or bypass our rights by doing business directly with any individual (client) or business entity (client) whom we have introduced to you (or by entering into employment with such individuals or business entities) without our advance written consent both during the period in which you provide services to any such client and for a period of 2 years thereafter.

Application for Employment

Healthcare at Home, LLC is an Equal Opportunity Educational Institution and EEO/Affirmative Action Employer committed to excellence through diversity. Employment offers are made on the basis of qualifications and without regard to race, sex, religion, national or ethnic origin, disability, age, veteran status, or sexual orientation.

Position Applying For:	Name (Last, First, Middle):	Other names under which you have attended school or been employed:	
Street Address:	City, State & Zip:		
Social Security Number:	Home Phone:	Work Phone:	Other Phone:
Do you have previous experience as a caregiver?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how long?	
Do you Drive?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, State of issuance, license #, and expiration date:	
Are you a Virginia State-Licensed C.N.A.?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, attach a copy of your license?	
Are you a Maryland State-Licensed C.N.A.?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, attach a copy of your license?	
Do you have a physical or mental impairment that may interfere with your ability to perform the job for which you have applied?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you allergic to animals?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, what type?	
Have you been convicted of any felony or misdemeanor offense or are you the subject of pending charges for a criminal offense in the US?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
What days and times are you NOT available to work?			

EDUCATION

Name of School	City/State	Did you graduate?	If No, # of years left to graduate	If Yes, date of Graduation	Degree received	Major
High School:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
GED:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other School:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other credentials/ licenses/ professional affiliations, etc., which are relevant to the job(s) for which you are applying.						



SKILLS: Please list technical skills, clerical skills, trade skills, etc., relevant to this position. Include relevant computer systems and software packages of which you have a working knowledge, and note your level of proficiency (basic, intermediate, expert)

WORK EXPERIENCE-Please detail your entire work history. Begin with your current or most recent employer. If you held multiple positions with the same organization, detail each position separately. Attach additional sheets if necessary. Omission of prior employment may be considered falsification of information. Please explain any gaps in employment. Include full-time military or volunteer commitments. **PLEASE NOTE:** Healthcare at Home, LLC reserves the right to contact all current and former employers for reference information.

Dates Employed (most recent position) From: To	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Title:
Starting Salary:	Organization Name and Address:	
Final Salary:		
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:
Dates Employed (most recent position) From: To	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Title:
Starting Salary:	Organization Name and Address:	
Final Salary:		
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:

PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION.

I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date. I authorize Healthcare at Home, LLC to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment. I agree to a criminal and credit background investigation, and/or screening for illegal substances upon conditional offer of employment.

Applicant Signature: _____ Date: _____