

APPLICATION FOR EMPLOYMENT

Attach additional sheets as needed to provide complete information

Name: _____

Social Security _____ D.O.B. _____

Address:

Telephone #: _____

Driver' License Number: _____

Are you at least 18 years of age as of the date of this application: Yes No

Male Female

Position Applied For: _____ Full time Part time

Salary/Wages Expected: _____

Date Available _____

Time Available Day Evening Night Weekends Holidays All

EDUCATIONAL BACKGROUND

High School Graduate? Yes No

Name of High School: _____ Date of Graduation _____

Degree Obtained:

School Address: _____

GED Acquired: Yes No If Yes, Date of GED:

College Degree? Yes No Highest Grade of College: 1 2 3 4 Masters

Name of College:

Address: _____

Other Training

List Certificates, Licenses, etc.

Expiration Date

Employment History Continued

Employer: _____
Address: _____
Telephone: () _____
Starting Position: _____ End Position _____
Starting Salary _____ End Salary _____
Dates Employed: From _____ To: _____
Name and Title of Supervision: _____
Describe General Duties: _____

Reason for leaving: _____

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IV, ADDITIONAL EDUCATION AND EMPLOYMENT HISTORY INQUIRIES

In order to permit a check of your educational and employment records, please list any changes in name or assumed name you have previously used:

Name: _____ Date used: _____

Name: _____ Date used: _____

Have you ever been dismissed or asked to resign from any position? Yes _____ No _____

If yes, please explain: _____

Except for vacations and holidays, how many days were you absent from work over the past 12 months: 0 to 6 days 7 to 20 days 21+ days

Do you have the legal right and necessary papers to live and work in the United States of America? Yes No

(Identity and employment eligibility of all new hires will be verified as required by Immigration Reform and Control Act of 1986.)

REFERENCES
Please provide 3 references

Name: _____

Address: _____

Telephone (daytime): () _____ Nighttime () _____

Relationship to Applicant: _____

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Name: _____

Address: _____

Telephone (daytime): () _____ **Nighttime** () _____

Relationship to Applicant: _____

.....
Name: _____

Address: _____

Telephone (daytime): () _____ **Nighttime** () _____

Relationship to Applicant: _____

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BACKGROUND INFORMATION

Have you ever been convicted of a felony or misdemeanor? YES NO

If yes, convicted of _____ Date: _____

Jurisdiction _____

Have you ever paid a ticket or been convicted of, or pleaded guilty or not contest to, any traffic violation in the past five years? YES NO

If yes, convicted of _____ Date: _____

Jurisdiction _____

Has your license ever been suspended? (tickets, violations, etc.) YES NO

If yes, dates of suspension(s) _____

Reason(s) _____

Jurisdiction _____

I SWEAR/AFFIRM THAT I DO NOT HAVE ANY CRIMINAL CONVICTION OR ANY PENDING CRIMINAL CHARGES, WHETHER WITHIN OR WITHOUT THE COMMONWEALTH OF VIRGINIA

SIGNATURE: _____ DATE: _____

BACKGROUND INFORMATION CONTINUED

Do you have friends and/or relatives currently employed by Graceful Hearts Home

Care Services YES NO

If yes, please provide employee(s) name(s) _____

Have you applied for employment with Graceful Hearts Home Care Services in the past:

YES NO

Are there any restrictions on your abilities to perform the duties of the position applied for and as described in the position description? YES NO

If yes, please indicate nature of restriction(s) _____
Graceful Hearts Home Care Services may require a written statement from a licensed physician documenting listed restrictions.

I hereby affirm that the information provided on the application and the accompany resume, if any, is true and complete to the best of my knowledge. I also agree that any falsification or omission of required information may disqualify me from further consideration for employment and may be considered justification for dismissal from employment if discovered at a later date.

I authorize a thorough investigation of my past educational and employment activities, agree to cooperate in such investigation, and release from all liability or responsibility all persons and concerns requesting or supplying information. I understand and agree that Graceful Hearts Home Services may contact any or all past employers pursuant to this investigation.

It is the policy of Graceful Hearts Home Care Services do not discriminate in hiring and employment, in accordance with the requirement with the requirements of all applicable State and Federal laws, on the basis of race, creed, religion, national origin, sex, citizenship status, age, or the presence of a qualified mental, physical or visual handicap.

I hereby agree to submit to any lawful drug, integrity and skill testing that may be required as a condition of my employment or continued employment and understand that unless otherwise prohibited by law, refusal to submit to such testing during the course of my employment may result in dismissal.

I understand that this application is valid for 90 days only, I also understand that if I am employed, I agree to accept the employment conditions of the company, now existing, or established in the future, including transfer from one location to another when directed by the company. In consideration of employment, I agree to conform to the policies and procedure of Graceful Hearts Home Services and understand that the company may change these from time to time without notice, and that employment may be terminated with or without cause, and with or without notice, at any time, at the option of either the company or myself. I understand that this application is not and is not intended to be a contract for employment nor or in the future. I understand that no company manual or document intended to change this, and no manager or representative of Graceful Hearts Home Care Services other than the Chief Executive Officer has NO authority to enter into any agreement for employment.

Print Name

Date

Signature: _____