

APPLICATION FOR EMPLOYMENT

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? _____

_____ (____) _____
 Last Name First Name Middle Initial 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 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 drivers license? Yes No

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

Have you had your drivers 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.)

	g of Years	Otploztzf	Subrets
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?			

Initials: _____

EMPLOYEE AVAILABILITY

Please provide the following information on your availability to work for Alpha Homecare Agency LLC

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

Do you have any allergies that would affect your work at PHHC? o No. c Yes.
If yes, please list here:

Do you have a problem working with a client who smokes? o No. o 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):

- Woodbridge
- Alexandria City
- Arlington County
- Falls Church
- Fairfax County
- Fredericksburg
- Loudoun County
- Lorton
- Manassas
- Prince William County
- Springfield
- Stafford
- Vienna
- Woodbridge

Please Check (X) the Day and Time of Week You Are Available

	SUN	MON	TUE	WED	THUR	FRI	SAT
6:00 AM							
7:00 AM							
8:00 AM							
9:00 AM							
10:00 AM							
11:00 AM							

12:00 PM							
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							
Overnight							

Initials:

AHCA 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 Alpha Homecare Agency LLC

Applicant Signature

____/____/_____
Date

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 asepg.cgle sheet of paper).



BACKGROUND CHECK AUTHORIZATION

Alpha Homecare Agency LLC

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

Last: _____ First: _____ MI: _____

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

Birth date*: _____ Phone: _____

Email: _____

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 acknowledge receipt of the FCRA required documents DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT which are both available at <https://www.trudiligence.com/downloadforms.php> and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, workers compensation bureau, testing laboratory or insurance company to furnish any and all background information requested by TruDiligence, LLC, 3190 S Wadsworth Blvd, Suite 260, Lakewood, CO 80227, 800-580-0474, or another outside organization acting on behalf of Employer, and/or Employer itself. I understand that these files may contain negative information about my background, mode of living, character and personal reputation; therefore I agree to defend and hold harmless TruDiligence and any agent acting on its behalf, from any and all liability arising through the investigation of my background. If applicable, I hereby authorize the release of my confidential report to any Third Party directly involved in the hiring or placement process and understand that any release to a third party will not occur until that party has completed a certification regarding the use and viewing of confidential information. I agree to release, hold harmless, and indemnify TruDiligence from any liability, claims, demands, causes of action, damages, or expenses resulting from: any release of information to the Third Party pursuant to this authorization; the unauthorized use of this information by the Third Party, and, any actions taken by the Third Party pursuant to this authorization.

I understand that my date of birth is used solely as an identifier to avoid possible misidentification while completing the background check process. I agree that a facsimile ("fax"), electronic, or photographic copy of this Authorization shall be as valid as the original.

Signature: _____ Date: _____

Printed Name: _____ SSN: _____

•This information (Birth date and SSN) will be used for background screening purposes only and will not be considered in making any employment decisions.