



Application for Employment *Position: _____*

1. First Name: _____ Last Name: _____ MI. _____

a). SSN: ____ / ____ / ____ b). DOB: _____ c). if name different from present: _____

d). Address: _____

e). Home Phone: _____ f). Cell Phone / Pager: _____

2. EDUCATION:

a. Do have high school diploma? Yes ___ No___ do you have equivalency diploma? Yes ___No ___ Date Received _____

b. Circle number of years of post high school education 1 2 3 4 5 6 7 Do you have Degree: Yes ___ No ___

	Name & Location of Institution	Major	Degree Received	Dates Received
1				
2				

3. EXPERIENCE: Starting with the most recent, highlight your knowledge, skills and abilities which best demonstrate your qualifications for this position.). **May we contact your present supervisor? Yes ___No ___**

a). Job Title: _____ **Duties:** _____

Employer: _____ Phone: _____ Type of business: _____

Address: _____

Dates Start (mo/yr) ____ / ____ to (mo/yr): ____ / ____ Full-time: ___ Part-time: ___ Hours/week: _____

Manager/supervisor: _____ Reason for leaving _____

b). Job Title: _____ **Duties:** _____

Employer: _____ Phone: _____ Type of business: _____

Address: _____

Dates Start (mo/yr) ____ / ____ to (mo/yr): ____ / ____ Full-time: ___ Part-time: ___ Hours/week: _____

Immediate Manager/supervisor: _____ Reason for leaving _____

c) Additional License, certificate or other authorization to practice a trade or profession (also you can attach resume)
 Type License _____ Granted by (State, licensing board) _____

1		
2		

4. **REFERENCES:** List three persons not related to you who know your qualifications:

	Name	Relationship	Phone
1			
2			

5. **MISCELLANEOUS:**

a. Check which shift you will accept: ___ Day ___ Evening ___ Night ___ Rotating ___ Weekends ___ Sat ___ Sun

b. Check, which job status you would accept: ___ Full-time ___ Part. c). Other language Ability: _____

d). When will you be available to start work? ___ ASAP or Date: _____.

e). Are you legally eligible for employment in the United States? ___ Yes ___ No. You will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect should you be employed.

f). Have you ever been convicted* for any violation(s) of law? ___ YES ___ NO. If YES, please provide the following:

Description of offense: _____ Statute or ordinance _____
 Date of Charge: _____ County, City and State of Conviction: _____

6. **CERTIFICATION**—*I hereby* certify that all entries on both sides and attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part of any employment in the service of the Virginia Home Care Connection, Inc. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent to references and former employers and educational institutions listed being contacted regarding this application. I further authorize the Virginia Home Care Connection, Inc. to rely upon and use, as it sees fit, any information received from such contacts. Information contained on this application may be disseminated to other agencies, nongovernmental organizations or systems on a need to- know basis for good cause shown as determined by the agency head or designee.

Applicant Signature _____ Date _____

FOR OFFICE USE ONLY: (Do not write below this line, intended for VHCC Management Human Resources use only)

Interview	Hired Date	Start Date	S. W	Reason of separation & Last day of work	L.W
___ Yes ___ No				___ Terminated ___ Resign ___ Leave of Absent ___ Layoff	
Date:				Date:	
Is she/he eligible for rehire: ___ Yes ___ No Remarks:					
Manager/Supervisor Name:		signature:		Date:	

SWORN STATEMENT OR AFFIRMATION

Please Print

Last Name First Middle Maiden Social Security Number

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

Name of Licensed/Registered Approved Facility/Provider

Street, P.O. Box #, Apt. # City State Zip Code

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

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

Yes (convicted outside Virginia) Yes (pending outside Virginia) No

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

2. Have you ever been the subject of a founded complaint of child abuse or neglect within or outside the Commonwealth?

Yes (in Virginia) No (in Virginia) Yes (outside Virginia) No (outside Virginia)

If yes or pending, 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.

Signature _____ Date _____