Angel Wings Home Care

APPLICATION FOR EMPLOYMENT

Equal Employment Opportunity Policy: It is the policy and practice of the company to abide by all anti-discrimination laws provided for by federal, state, and local statutes and regulations. It is also the policy and practice of the company to provide and promote equal employment opportunities for all applicants and employees. It is also the policy and practice of the company to hire, train, promote, compensate, and administer all employment practices without regard to race, color, religion, sex, national origin, age, marital status, medical condition, veteran status, sexual orientation, or disability unrelated to the ability to perform the essential functions of a job. Furthermore, the company is committed to complying with the Americans With Disabilities Act. If you believe that you need a reasonable accommodation in order to apply for or to complete an application for employment due to the fact that you have a disability, please notify the company within three (3) days of your application of your specific needs for a reasonable accommodation so that the company can assist you where appropriate. If an applicant requests an accommodation for purposes of completing the job application process, the company reserves the right to require the applicant to furnish documentation from an appropriate professional (e.g., a doctor, rehabilitation counselor, etc.) confirming that the applicant has a disability or concerning their functional limitations for which a reasonable accommodation is requested.

In order that your application may be properly evaluated, it is essential that all of the following questions be answered carefully and completely. If you need more space for your answers, please attach a separate sheet. Feel free to add any additional information which will help us in placing you where you are best qualified. Please print in ink or use a typewriter.

(PLEASE PRINT CLEARLY)
ANSWER ALL OF THE QUESTIONS CAREFULLY AND COMPLETELY

PERSONAL

NAME:_____ _____
Last First Middle Initial Social Security #

CURRENT ADDRESS:_____
No. Street Apt. # City County State Zip Code

How long have you lived at this address?_____ *If less than 5 years, please write your previous address:*

_____
No. Street Apt. # City County State Zip Code

HOME TELEPHONE NO. ( ) _____ ALTERNATE TELEPHONE NO. ( ) _____

PERMANENT ADDRESS:_____
(If different from above) No. Street Apt. # City County State Zip Code

Are you 18 years of age or older? ❑YES ❑NO
If hired, can you provide proof of legal age? ❑YES ❑NO
If hired, will you be able to furnish proof of your legal right to reside and work in the United States? ❑YES ❑NO

Have you ever worked or attended school under another name? ❑YES ❑NO
(Required for verifying education, employment records and references)

If yes, name:_____

Are you available for travel? ❑YES ❑NO Are you willing to transfer or relocate? ❑YES ❑NO

Do you have a current driver's license? ❑YES ❑NO If yes, what state issued it?_____ License #_____

Position(s) applying for:_____ Hourly or annual salary requirement $ _____

Are you available to work: ❑FULL TIME ❑PART TIME

Date available:_____ Are you available to work overtime if required? ❑YES ❑NO

Were you previously employed by Angel Wings Home Care ❑YES ❑NO If yes, when:_____
Have you previously filed an application with us? ❑YES ❑NO If yes, when:_____

List relatives working with Angel Wings Home Care?

NAME:_____ RELATIONSHIP:_____

NAME:_____ RELATIONSHIP:_____

How did you learn of ❑ADVERTISEMENT ❑INTERNET ❑EMPLOYMENT AGENCY
❑Angel Wings Home Care ❑OTHER_____

Name of source:_____

EMPLOYMENT HISTORY FOR THE PREVIOUS 5 YEARS AND BEYOND

List below all present and past employment, beginning with your most recent. You may attach a resume to this application, but it is essential that all of the following questions be answered. Please fill in all the blanks.

Present employer:_____ Position:_____

Address:_____
No. Street Apt. # City County State Zip Code

Supervisor:_____

Telephone No. ( )_____ Employment dates: From_____ To_____

Describe duties in detail:_____

_____

_____

Reason for leaving?_____ Are you currently eligible for bonus or commissions?

Annual earnings:_____ ❑YES Amount $_____ ❑NO

Pay rate: Start_____ Current_____ *Contact ❑YES ❑NO

Previous employer:_____ Position:_____

Address:_____
No. Street Apt. # City County State Zip Code

Supervisor:_____

Telephone No. ( )_____ Employment dates: From_____ To_____

Describe duties in detail:_____

_____

_____

Reason for leaving?_____

Annual earnings: Pay rate: Start_____ Finish_____ *Contact ❑YES ❑NO

Previous employer:_____ Position:_____

Address:_____
No. Street Apt. # City County State Zip Code

Supervisor:_____

Telephone No. ( )_____ Employment dates: From_____ To_____

Describe duties in detail:_____

_____

_____

Reason for leaving?_____

Annual earnings: Pay rate: Start_____ Finish_____ *Contact ❑YES ❑NO

Previous employer:_____ Position:_____

Address:_____
No. Street Apt. # City County State Zip Code

Supervisor:_____

Telephone No. ( )_____ Employment dates: From_____ To_____

Describe duties in detail:_____

_____

_____

Reason for leaving?_____

Annual earnings: Pay rate: Start_____ Finish_____ *Contact ❑YES ❑NO

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*May we contact the employers listed above? ❑YES ❑NO If not, indicate which one(s) we can contact.

Minimum starting income expected: $_____

Please comment on any other experience, skills or qualifications you have which would be valuable to

_____

Within the last seven years have you been convicted of a felony, misdemeanor, or any offense other than a minor traffic offense? ❑YES ❑NO

If YES, explain:_____

_____

NOTE: An answer of "yes" will not disqualify any applicant for consideration for a job; rather, such information is only relevant to the job application process in terms of whether or not the conviction(s) has a direct relationship to the job for which you are applying and whether it would pose an unreasonable risk to property, safety, employees, or clients.

Have you ever committed an offense involving dishonesty or a breach of trust or fraud? ❑YES ❑NO

If YES, explain_____

_____

Bonding is a condition of employment for some positions at Angel Wings Home Care If the position for which you are applying requires a Fidelity Bond, have you ever been denied such a bond or if such a bond has been issued to cover you has it been qualified and/or cancelled? ❑YES ❑NO

RECORD OF EDUCATION

Type	Name and Location of School	No. of Years Attended	Degree Awarded	Major Field
High School				
College				
Graduate				
Trade, Business, Correspondence				

Are you presently enrolled in any course(s) now? ❑YES ❑NO Name of school?_____

How many days/nights per week?_____ Course completion date(s):_____

List trade or professional organizations of which you are a member. Indicate any office held. (Omit labor organizations and any organization which indicates race, color, sex, religion or national origin of members.)

_____

_____

MILITARY SERVICE RECORD

Have you ever served in the armed forces? ❑YES ❑NO

If YES, what branch of the service?_____ Highest rank attained:_____

List duties in the service including special training:_____

_____

REFERENCES (Do not list relatives)

NAME	ADDRESS	PHONE NO	OCCUPATION

ADDITIONAL INFORMATION: If appropriate, please attach a resume to this application and any proprietary agreements which you have signed with present or prior employers.

AGREEMENT

(Please Read Carefully)

I understand, agree, and acknowledge that any employment relationship that may result from this application will be of an "at-will" nature only, which means that I may resign at any time and for any reason and that the company may terminate my employment at any time and for any reason with or without cause. I also understand, agree, and acknowledge that no employee of the company has any authority whatsoever to make any promises or arrangements with me that changes the "at-will" nature of any employment relationship that may result between myself and the company.

Applicant's Initials:_____

In the event of my potential employment, I understand, agree, and acknowledge that: (1) any false, omitted, or misleading information provided by me either in my resume, on this job application form, or in interviews may result in my discharge at any time in the future: (2) I am required to abide by all personnel policies, rules, and regulations of the company if I am hired; (3) I authorize the investigation of all statements by the company and/or its agents contained in this application, my resume, or made during any interview as may be necessary in arriving at any employment decision with respect to my application; (4) this application shall be considered active for a period of time not to exceed six months, and should I wish to be considered for employment beyond this time period I agree to submit an additional application in the future; (5) I consent to a pre-employment drug screen, and I acknowledge that if at anytime the company learns that the drug screen yields a positive result, the company may withdraw and revoke any offer of employment; and (6) I certify that all answers and information given herein are true and complete to the best of my knowledge.

Applicant's Initials:_____

SIGNATURE_____ DATE_____

SUPPLEMENTAL APPLICATION FOR CAREGIVER POSITIONS

(If you are applying for a caregiver position, you must also complete this section.)

Name:_____ Social security number:_____

Classification: ❑ RN ❑ LP/LVN ❑ OTHER License number:_____ Renewal number:_____

State issued:_____ Expiration date:_____

Has your license ever been suspended or revoked? ❑YES ❑NO Explain_____

Are you fluent in reading, writing, and/or speaking any of the following languages:

❑ SPANISH ❑ FRENCH ❑ PORTUGUESE ❑ RUSSIAN ❑ VIETNAMESE ❑ CHINESE OTHER_____

Do you know sign language? ❑YES ❑NO Type:_____

Many of the positions which Angel Wings Home Care has available require, as essential job functions, that the employee lift, turn or move patients/clients or medical equipment. These positions may also require, as essential job functions, that the employee assist a patient/client in turning, standing, walking or sitting. If you accept a position that requires the employee to perform these essential job functions, can you perform them with or without accommodation?

❑YES ❑NO

If no, please describe all of the duties that you are unable to perform and what accommodations may be necessary:_____

_____

Many of the positions at Angel Wings Home Care require the employee to use a motor vehicle to get from one location to another in order to do the job. If you are applying for a position that requires you to have a motor vehicle do you:

Have access to a motor vehicle for use on the job? ❑YES ❑NO

Have a valid driver's license? ❑YES ❑NO

Have inforce automobile insurance? ❑YES ❑NO

Note: *Angel Wings Home Care does not provide its employees with motor vehicles or automobile insurance.*

Hours available for assignment: ❑ 7-3 ❑ 3-11 ❑ 11-7 Shift preference_____

Available for less than 8 hour shifts: ❑YES ❑NO If yes, indicate which hours _____

Days available for assignment: ❑ SAT. ❑ SUN. ❑ MON. ❑ TUES. ❑ WED. ❑ THURS. ❑ FRI.

Available for weekend or occasional weekends? ❑YES ❑NO If yes, how often:_____

Assignments willing and qualified to perform:		DUTY PREFERENCE	COMMENTS
Home Care Visits	❑YES ❑NO	_____	_____
Hospital Staff	❑YES ❑NO	_____	_____
Hospital Private Duty	❑YES ❑NO	_____	_____
Nursing Home Staff	❑YES ❑NO	_____	_____
Nursing Home Private Duty	❑YES ❑NO	_____	_____
Home Care Shifts	❑YES ❑NO	_____	_____

Do you own a uniform which you can wear if employed by us? ❑YES ❑NO

Angel Wings
Home Care

I agree to report to the office at the end of each assignment (whether or not it is a live-in assignment), if I am no longer available for work, or if my availability status has changed. I further understand that I cannot be paid until I present a time slip signed by both the client and myself to this office.

Applicant's Initials:_____

Signature:_____ Date:_____

Comments:_____

_____

_____

_____

_____

_____

Interviewer: _____ Date:_____

Reviewed by Director _____ Date:_____

CRIMINAL BACKGROUND CHECK RELEASE OF INFORMATION AUTHORIZATION FORM

By my signature below, I authorize the Commonwealth of Virginia through the State Bureau of Investigation, Division of Criminal Information to perform a Commonwealth of Virginia criminal history record information check relative to my application for employment or volunteer services with Angel Wings Home Care pursuant (cite the applicable law).

Please print legibly or type the following information:

Name: _____
Last First Middle Maiden

Previous Name(s) including previous married name(s) and aliases: _____

_____

Address: _____

_____

If applicant has lived at the above address for less than two (2) years, please list previous address(es) below:

_____

_____

Social Security #: _____ Date of Birth: _____ Sex: _____

Place of Birth: _____
City County State Country

I understand that the Commonwealth of Virginia Bureau of Investigation, Division of Criminal Information and its official and employees shall not be held legally accountable in any way for providing this information to the above named healthcare provider, and I hereby release Angel Wings Home Care and persons from any and all liability which may be incurred as a result of furnishing such information. **I further understand that Angel Wings Home Care <u>cannot</u> provide me with a copy of the results of this criminal history record check unless it causes termination or denial of employment.**

Applicant's Signature: _____ Date: _____

This request form must be accompanied by a transmittal letter from the authorized official or individual requesting criminal history record information. This request must be mailed to:

Virginia State Police
Central Criminal Records Exchange
P.O. Box 27472
Richmond, VA 23261-7472

Rev. 09/2009

Angel Wings
Home Care
2276 Franklin Turnpike, Suite 106
Danville, VA 24540
434-836-8711

IMPORTANT ALERT!!!

When you fill out the attached form, which is the *Statement Required by Section 32.1-162.9:1 of the Code of Virginia,* and you sign it, you are swearing that all the information you put on the form is true. In other words, if you check that you DO NOT have a criminal background (no matter how long ago it was) and the Criminal Background check comes back with charges on it – YOU WILL BE AUTOMATICALLY TERMINATED and you may NOT be eligible for unemployment! The Criminal Background Check form is closely reviewed by the Commonwealth of Virginia's Department of Health so please read carefully and fill it out HONESTLY! If you don't understand it please ask for help.

Thank You,

Julia McKinnis
CEO/Administrator
Angel Wings Home Care

STATEMENT REQUIRED BY SECTION 32.1-162.9:1 OF THE CODE OF VIRGINIA

Read this form carefully - I understand that to give a false statement here is a crime in itself.

I, _____, solemnly swear and affirm each of the
(Print Name)
following as true.

1. I have never been convicted of murder, abduction for immoral purposes as set out in #18.2-18 of the Code of Virginia, assaults and bodily wounding as set out in Article 4 (#18.2-51 et seq.) of Chapter 4 of title 18.2, robbery as set out in #18.2-58, sexual assault as set in #18.2-355, crimes against nature involving children as set out in #18.2-314, obscenity offenses as set out in #18.2-374.1 or #18.2-379, or abuse or neglect of an incapacitated adult as set out in #18.2-369.

   _____ No, I have not been convicted. If No, skip to Question # 3.

   _____ Yes, I have been convicted. If Yes, Answer Question # 2.

2. Answer only if the answer to question # 1 was yes; otherwise skip to question #3.

   My conviction was (check one): _____ listed above _____ NOT listed above

   My conviction was listed as:_____

   My conviction was in (give date) _____, in the State of _____

   My conviction was a (check one): _____Misdemeanor _____Felony

Please be aware that it is a policy of Angel Wings Home Care not to hire any person who has a felony conviction or any person with more than one (1) misdemeanor conviction.

3. To reaffirm. I ***have never been convicted*** of any crime whatsoever n any state.

   _____ I ***have never been convicted*** of a crime in any state.
   _____ I ***have been convicted*** of a crime.

4. _____ I have ***no charges pending*** against me in any state.
   _____ There ***are charges pending*** against me in (list the State) _____. Please describe:

   _____

5. I understand that it is a crime to make a materially false statement (including omitting information) regarding any criminal convictions or pending charges on my background check. ***(Please Initial)*** _____

6. False statements on this form will result in immediate termination as determined by the Administrator and/or Designee. ***(Please initial as read and understood)*** _____

_____ _____ _____
Printed Employee Name Signature Date

Rev. 09/2009

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Home Care
2276 Franklin Turnpike, Suite 106
Danville, VA 24540
434-836-8711

CHILD SUPPORT DECLARATION

The law requires employers to ask all new hires whether there is a court order requiring some of their income be withheld for child support. If so, withholding must begin with the employees' first paycheck.

Yes, I DO have a court order to have Child Support Payments withheld_____.

No, I DO NOT have a court order to pay Child Support _____.

_____	_____	_____
Employee Printed Name	**Employee Signature**	**Date Signed**

Rev. 09/2009