



Harbor Home HealthCare, LLC.
 4229 Lafayette Center Dr. STE 1300J
 Chantilly, VA 20151
 Tel: (703) 734 - 6683
 Fax: (703) 879 - 7594

EMPLOYMENT APPLICATION

APPLICANT INFORMATION										
Last Name					First			M.I.	Date	
Street Address							Apartment/Unit #			
City					State			ZIP		
Phone					E-mail Address					
Date Available				Social Security No.				Desired Salary		
Position Applied for										
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>					
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?							
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain							
EDUCATION										
High School					Address					
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
College					Address					
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
Other					Address					
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
REFERENCES										
<i>Please list three professional references.</i>										
Full Name					Relationship					
Company					Phone					
Address										
Full Name					Relationship					
Company					Phone					
Address										
Full Name					Relationship					
Company					Phone					
Address										

PREVIOUS EMPLOYMENT			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
MILITARY SERVICE			
Branch		From	To
Rank at Discharge		Type of Discharge	
If other than honorable, explain			
DISCLAIMER AND SIGNATURE			
I certify that my answers are true and complete to the best of my knowledge.			
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.			
Signature		Date	

EMPLOYEE AVAILABILITY

Please provide the following information on your availability to work for Harbor Home HealthCare.

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

Do you have any allergies that would affect your work at Harbor Home HealthCare? No. Yes.

If yes, please list here: _____

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

Fairfax County	Loudoun County	Alexandria City	Prince William County	Arlington County
Fairfax	Aldie	Alexandria City	Woodbridge	Pentagon City
Chantilly	Ashburn	Other:	Gainesville	Other:
Reston	Leesburg	Other:	Dumfries	Other:
Vienna	Sterling		Other:	
Herndon	South Riding		Other:	
Springfield	Stone Ridge			
Annandale	Purcellville			
Other:	Other:			
Other:	Other:			

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							

HARBOR HOME HEALTHCARE 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 Harbor Home HealthCare, LLC.

Applicant Signature

_____/_____/_____
Date

*******FOR OFFICE USE ONLY**

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 a separate sheet of paper).

HARBOR HOME HEALTHCARE TELEPHONE REFERENCE CHECK FORM - # 2

EMPLOYMENT INFORMATION: To be completed by Applicant

Name of second 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 Harbor Home HealthCare, LLC.

Applicant Signature _____ Date ____/____/____

*******FOR OFFICE USE ONLY**

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 a separate sheet of paper).