

### **Harbor Home HealthCare, LLC**.

EMPLOYMENT APPLICATION

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

APPLIC	CANT	ΓIN	FORI	MATION	1														
Last Nam	ne							First						M.I.		Date			
Street Ac	dress	S												Aparti	ment/l	Jnit #			
City								State						ZIP			•		
Phone								E-mail	Address					•					
Date Ava	ilable	2				Social Se	ecur	rity No.	No.		Des	esired Salary							
Position /	Applie	ed fo	r			•							•						
Are you a	a citiz	en o	f the U	Jnited Sta	ites?	YES 🗌	N	0 🗆	If no, a	are y	ou a	uthorized	d to w	ork in t	the U.S	5.? Y	ES 🗌	NC	) [
Have you ever worked for this company? YES			N	0 🗆	If so, when?														
Have you ever been convicted of a felony? YES □ NO □ If yes, explain																			
EDUCA	TIO	N																	
High Sch	ool						A	ddress											
From			То		Did you	graduate?	YI	ES 🗌	NO 🗆	]	Deg	ree							
College							A	ddress											
From			То		Did you	graduate?	YI	ES 🗌	NO 🗆	]	Deg	ree							
Other							A	ddress											
From			То		Did you	graduate?	YI	ES 🗌	NO 🗆	]	Deg	ree							
REFERI	ENC	ES																	
Please lis	st thre	ee pr	ofessio	onal refer	rences.														
Full Nam	е									Rela	ation	ship							
Company	/									Pho	ne								
Address																			
Full Nam	е									Rela	ation	ship							
Company	/									Pho	ne								
Address																			
Full Nam	e									Rela	ation	ship							
Company	/									Pho	ne								
Address									'										

PREVIOUS EMP	LOYMENT							
Company				Phone				
Address				Supervisor				
Job Title			Starting Salary	\$		Ending Salary \$		
Responsibilities								
From	То	Reason for Leaving						
May we contact you	ur previous super	visor for a reference?	YES 🗆	NO 🗆				
Company		Phone						
Address			Supervisor					
Job Title		\$ Ending Salary \$						
Responsibilities								
From	То	Reason for Leaving						
May we contact you	ur previous superv	visor for a reference?	YES 🗆	NO 🗆				
Company				Phone				
Address				Supervisor				
Job Title			Starting Salary	\$	\$ Ending Salary \$			
Responsibilities								
From	То	Reason for Leaving	l					
May we contact you	ur previous super	visor for a reference?	YES 🗌	NO 🗆				
MILITARY SERV	VICE				ı			
Branch					From	То		
Rank at Discharge				Type of Discharge				
If other than honora	able, explain							
DISCLAIMER A								
		d complete to the be						
If this application le may result in my re		nt, I understand tha	t false or misleadii	ng information i	in my	application or interview		
Signature						Date		
						Duic		

# **DISCLOSURE OF CRIMINAL CHARGES FORM**

By my signature below, I affirm the	hat I		
<b>DO</b> have criminal and civil of	charges against me in the Co	mmon of Wealth of Vi	rginia.
DO NOT have criminal and	civil charges pending against	me in the Common of	Wealth of Virginia.
If you have criminal charges agains please describe the nature of the ch			ate in the U.S,
Please print legibly or type the followname:	v		
Last	First	Middle	Maiden
Date of Birth:	Sex:		_
I certify that the information I μ understand that providing fals termination of employment wit	e information in this form	n may result in deni	_
Applicant's Signature:		Date:	

# CRIMINAL BACKGROUND CHECK RELEASE OF INFORMATION AUTHORIZATION FORM

By my signature below, I authorize the Virginia State Police to perform a criminal history record information check relative to my application for employment or volunteer services with Harbor Home HealthCare, LLC pursuant to Virginia State law 32.1 126.01 and 32.1.126.9:1).

Please print legibly or type the following information:

1 0 7 71	<b>G</b>		
Name:Last	First	Middle	Maiden
Previous Name(s) including prev	rious married name(s) and alias	es:	
Address:			
If applicant has lived at the abov below:	e address for less than two (2) y	years, please list previo	ous address(es)
Social Security #:	Date of Bi	rth:	Sex:
Place of Birth:	County	State	Country
I understand that the Virginia accountable in any way for proud and I hereby release said Age a result of furnishing such information provide me with a copy of the	State Police and its officials a oviding this information to the ency and persons from any arormation. I further understand	and employees shall above named health and all liability which m d that the healthcare	not be held legally ncare provider, nay be incurred as
Applicant's Signature:		Date:	
This request form must be accor	npanied by a transmittal letter fr	rom the authorized offic	cial or individual

Virginia Department of State Police P. O. Box 85076 Richmond, VA 23261-5076

requesting criminal history record information. This request must be mailed to:

## **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 REF	FERENCE 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 HealthCare, LLC.	release information about me to Harbor Home
Applicant Signature	//

#### \*\*\*\*\*FOR OFFICE USE ONLY

	lf, identify our company) "One of your former employees,
(name), has applied for employn you will give me some insight on May I ask you a few questions?"	ent at our company as a(job title). Hopefully, (him/her) and whether this is a suitable position for (him/her).
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 empl	oyee?
	rmance?e job, would you hire him/her? Why/why not?
If you had an opening today for the sam	e job, would you hire him/her? Why/why not?
If you had an opening today for the same  Was he/she dependable?  If we were to extend an employment offer on the	
If you had an opening today for the same  Was he/she dependable?  If we were to extend an employment offer on the job?	e job, would you hire him/her? Why/why not? work well with other? exhibit initiative?  r, what suggestions would you give us to help contribute toward 's success

(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
MPLOYMENT INFORMATION: To be completed	
lame of second Professional Reference To Be Conta	actedTitle
Company Name	Phone (
Reason for leaving this company:	
authorize the company I worked for and/or the individual HealthCare, LLC.	idual listed above to release information about me to Harbor Home
Applicant Signature	//
***FOR OFFICE USE ONLY	
EMPLOYMENT VERIFICATION: To be completed	d by employer
· · · · · · · · · · · · · · · · · · ·	fify our company) "One of your former employees,
	ur company as a(job fitle). Hopefully,
	er) 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., supe	ervisor, co-worker, etc)
What were his/her strengths as an employee?	
How would vou rate his/her overall performance?	
If you had an opening loudy for the same job, would	ıld 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 sug	uggestions would you give us to help contribute toward's success

(Form to be filed in employee file. Write any additional information or comments on a separate sheet of paper).

Is there anything else you think would be helpful for us to know about \_\_\_\_\_\_ in making our hiring decision?

Name of Interviewer:\_\_\_\_\_\_ Date:\_\_\_\_/\_\_\_\_\_