

FIRST CARE HEALTH SERVICES, INC.**425 Main Street
South Boston, VA 24592**

ADMINISTRATIVE OFFICE FOR: Commonwealth Home Health, Inc., First Dominion Home Health Care, and Personal HomeCare, Inc.

APPLICATION FOR EMPLOYMENT**CONFIDENTIAL**

(Please Print Clearly)

This institution does not discriminate in hiring or employment on the basis of race, color, religious creed, national origin, sex or ancestry or on the basis of age or physical or mental handicap unrelated to ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination. This application will be given every consideration; however, its receipt does not imply that the applicant will be employed.

PERSONAL INFORMATION			Date of Application _____		Date Available _____	
Name _____			Social Security # _____			
LAST FIRST MIDDLE						
Present Address _____						
STREET			CITY		STATE ZIP CODE	
Permanent Address (if different from current address) _____						
STREET			CITY		STATE ZIP CODE	
Phone (Daytime) _____ (Evening) _____						
If you cannot be reached at the above number, where may we contact you? Name of person. _____ Phone _____						
Are you a citizen of the USA? ___ Yes ___ No If no, type of Visa _____ Immig. No. _____						

EMPLOYMENT DESIRED

Position Applying For:	Full Time – Part Time	SALARY

Are you employed now? _____ May we contact your present employer? _____

If no, why? _____

How did you learn of this opening? _____ Are you 18 years of age or older? _____

EDUCATION (Circle the highest grade completed) Scholastic Honors Received _____

8 9 10 11 12 13 14 15 16

	Name of School	Location (city, state)	Courses Taken	Date Completed	Diploma, Degree or Certificate Received
Grammar or Grade School					
High School					
College					
Vocational or Business					

Extracurricular activities while in school _____

Member of professional organizations _____

Honors received, volunteer or community service or other qualifications you have which you feel are related to the position for which you are applying _____

Have you ever been in the U.S. armed Forces? _____ What is your present select service Classification? _____
Are you presently a member of the Reserves or National Guard? _____ If so, when is your enlistment up? _____

PROFESSIONAL LICENSES AND/OR CERTIFICATIONS

TYPE	ORGANIZATION OR STATE ISSUED	DATE ISSUED	NUMBER	VERIFICATION
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EMPLOYMENT RECORD (List last or present position first)[illegible]

Please explain all periods of unemployment _____

If your former employment references, education, or military service are under a name other than indicated on front of application, please indicate below.

MI

Have you ever been convicted or have pending charges of a crime? _____ If so, for what, when and where? _____

Please list any license suspensions or revocations and reasons (auto and health practice)

USE THIS SPACE TO GIVE US FURTHER INFORMATION WHICH WILL ASSIST US IN PLACING YOU, INCLUDING AT LEAST TWO REFERENCES NOT RELATED TO YOU. WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

Association

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A body mechanics competency test must be completed satisfactorily as a condition of hire.

Allergies

Do you speak a language other than English? _____

Available to work: Weekends __Yes __No
Holidays ____Yes ____No

Do you have responsibilities that would limit your availability?
 ____ Yes ____ No If yes, explain _____

Do you limit your annual earnings due to Social Security or other reasons?
 ____ Yes ____ No If yes, please state what is the maximum amount
 you wish to earn _____?

IF YOUR AVAILABILITY CHANGES, IT IS YOUR RESPONSIBILITY TO SUBMIT A WRITTEN REQUEST OF CHANGE TO YOUR SUPERVISOR. THE CHANGE WILL BE OBSERVED UPON APPROVAL BY MANAGEMENT WITH IDENTIFIED DATE.

I UNDERSTAND THAT EMERGENCY CONDITIONS MAY REQUIRE ME TO TEMPORARILY WORK TIMES OTHER THAN THOSE FOR WHICH I AM APPLYING AND AGREE TO SUCH SCHEDULING CHANGE AS DIRECTED BY MY SUPERVISOR OR ADMINISTRATOR OF THIS AGENCY.

I voluntarily give this institution the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporations supplying such information. I consent to take the pre-employment physical examination/competency test and such future examinations as may be required by this institution at such times and places as the institution shall designate.

I understand that I will be required to follow the personnel policies and rules of the institution and that infractions of said rules may lead to dismissal. I also understand that my employment may be terminated for any misstatement or omission of fact appearing on this application form.

I further understand that this institution follows the “fair employment practice code” and there is no discrimination in the hiring of individuals based on sex, race, religion, age, or physical or mental handicap unrelated to the ability to perform the work required.

I understand that if I am employed it will be on a probationary or trial basis for a period of 90 days. Upon my termination I authorize the release of reference information on my work.

Applicants Signature