



Premier Plus Homecare
4008 Genesee Place Suite 105
Woodbridge, VA 22192
Phone: (703) 580-8118 Fax: (703) 580-9308
E-mail: hr@premierplushomecare.com

EMPLOYMENT APPLICATION

Premier Plus Homecare is an equal opportunity employer and does not discriminate on the basis of race, gender, age, color, religion, national origin, marital status or disability. Please let us know if you need special accommodations to participate in the application process. This application must be completed in its entirety.

Name (First/Middle/Last/Suffix) _____ DOB _____

Maiden Name _____ Other Names You Have _____

Street _____

City _____ State _____ Zip Code _____

Years at the Address Listed Above _____ Social Security Number _____ - _____ - _____

Home Phone (_____) _____ - _____ Cell Phone (_____) _____ - _____

Emergency Contact _____ Phone (_____) _____ - _____

E-mail _____ How did you hear about BHS? _____

Driver's License Number _____ Issue State _____ Expiration _____

Make & Model of Your Car _____

Auto Insurance Company _____ Policy# _____ Expiration _____

Can you drive clients to appointments or to do errands? Yes / No

Do you have documented proof of legal authorization to work in the United States? Yes / No

Do you currently use illegal drugs? Yes / No

CERTIFICATIONS & LICENSES (please include photocopies with your application)

_____ CNA (we verify online with Va. Board of Nursing) _____ CPR

_____ Other type of CNA _____ Tuberculosis Screening Test (within 1 year)

_____ LPN (we verify online with Va. Board of Nursing) _____ HIV Awareness

_____ RN (we verify online with Va. Board of Nursing) _____ Fundamentals of Caregiving

_____ Medical Technologist _____ Hospice care training/experience

_____ Home Health Aide _____

_____ First Aid _____

WHERE CAN YOU WORK?

_____ Arlington/Alexandria _____ Manassas/Gainesville
_____ Fairfax _____ Winchester/Front Royal
_____ Fredericksburg/Stafford _____ Woodbridge
_____ Leesburg Other areas? _____

WHAT HOURS CAN YOU WORK?

List Hours Available To Work Circle One for Each Day

Monday _____ Hourly / Live-in / Either
Tuesday _____ Hourly / Live-in / Either
Wednesday _____ Hourly / Live-in / Either
Thursday _____ Hourly / Live-in / Either
Friday _____ Hourly / Live-in / Either
Saturday _____ Hourly / Live-in / Either
Sunday _____ Hourly / Live-in / Either

LIFTING ABILITIES (check one and specify limit)

_____ Light lifting and stand-by assists up to _____ pounds
_____ Moderate lifting and transfers up to _____ pounds
_____ Heavy lifting and transfers up to _____ pounds

ALLERGIES

Are you allergic to cats or dogs? Yes / No

Do you smoke? Yes / No

Do you require placement with a non-smoker only? Yes / No

Other allergies or environmental restrictions? _____

SKILLS

What languages other than English do you speak fluently? _____

Do you have any unique job skills? _____

How would you describe your computer knowledge? Low / Medium / High

CAREGIVING ABILITIES

Bathing Assist Yes / No Medication Reminders Yes / No

Incontinent Care Yes / No Dressing Assist Yes / No

Stand-By Assist Yes / No Wheel Chair Assist Yes / No

Transfer Assist Yes / No Meal Preparation Yes / No

Cooking Meals Yes / No Feeding Assist Yes / No

Wash Laundry Yes / No Light Housekeeping Yes / No

EDUCATION

<u>Name/City/State</u>	<u>Degree or Certificate</u>	<u>Did You Graduate?</u>	<u>When Did You Attend?</u>
High School _____			From ___/___/___ To ___/___/___
College _____			From ___/___/___ To ___/___/___
Nursing School _____			From ___/___/___ To ___/___/___
Other Training _____			From ___/___/___ To ___/___/___

WHY DO YOU WANT TO BE A PERSONAL ASSISTANT?

PERSONAL REFERENCES (do not include family members)

Name _____
Years Known _____ Phone (_____) _____ - _____
Occupation _____ Relationship _____
Office Use: Verified By _____ Verification Date _____ Time _____ Results _____

Name _____
Years Known _____ Phone (_____) _____ - _____
Occupation _____ Relationship _____
Office Use: Verified By _____ Verification Date _____ Time _____ Results _____

Name _____
Years Known _____ Phone (_____) _____ - _____
Occupation _____ Relationship _____
Office Use: Verified By _____ Verification Date _____ Time _____ Results _____

EMPLOYMENT HISTORY (start with current/primary employer, and include all part time positions)

Current/Primary Employer _____ From ___/___ To ___/___ Salary _____

Title _____ Duties _____

City _____ State _____ Why do you want to leave? _____

What is your current work schedule? _____

Contact Person _____ Phone (_____) _____ - _____

Office Use: Verified By _____ Verification Date _____ Time _____ Results _____

Employer _____ From ___/___ To ___/___ Salary _____

Title _____ Duties _____

City _____ State _____ Why do you want to leave? _____

What is your current work schedule? _____

Contact Person _____ Phone (_____) _____ - _____

Office Use: Verified By _____ Verification Date _____ Time _____ Results _____

Employer _____ From ___/___ To ___/___ Salary _____

Title _____ Duties _____

City _____ State _____ Why do you want to leave? _____

What is your current work schedule? _____

Contact Person _____ Phone (_____) _____ - _____

Office Use: Verified By _____ Verification Date _____ Time _____ Results _____

Employer _____ From ___/___ To ___/___ Salary _____

Title _____ Duties _____

City _____ State _____ Why do you want to leave? _____

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EMPLOYMENT REFERENCE RELEASE

I authorize Premier Plus Homecare to release all information, including opinions, regarding my employment with references provided within this application. I hereby release and hold harmless any individual or company that provides this information, both factual and opinion, to Premier Plus Homecare, its representatives and agents from any legal liability for any damages that may result from the disclosure of this information.

Applicant Signature _____ Date _____

Applicant: DO NOT fill out any other information on this page. We use this form for employment verification if the employer will not release information without your authorization.

Employer: The person below has applied for employment with Premier Plus Homecare and has listed you as a previous employer. We would appreciate your assistance in verifying employment and evaluating job performance. All information is kept confidential. Please fax back to the number listed at the top of this page.

Name _____ Other Names _____

Company _____ Title _____ Salary _____

Social Security Number _____ - _____ - _____ Dates Employed: From ___/___/___ To ___/___/___

EMPLOYER RESPONSE

Attendance Poor / Average / Excellent Judgment Poor / Average / Excellent

Dependability Poor / Average / Excellent Teamwork Poor / Average / Excellent

Work Quality Poor / Average / Excellent Attitude Poor / Average / Excellent

Job Knowledge Poor / Average / Excellent Appearance Poor / Average / Excellent

Do the employment dates above correspond with your records? Yes / No

Is there anything in the applicant's work history that could pose a threat to patient safety? Yes / No

Was applicant ever disciplined for work-related conduct or incidents? Yes / No

Eligible for rehire? Yes / No

Reason for leaving _____

Responsibilities and duties _____

Employer Signature _____ Date _____

Title _____ Company _____ Phone (_____) _____ - _____

BARRIER CRIMES DISCLOSURE

Premier Plus Homecare is committed to safeguarding the welfare of its clients which includes vulnerable adults. As part of that commitment and pursuant to the requirements of the Virginia Department of Health, we must ask you to complete the following barrier crimes disclosure statement in its entirety. The information you provide will be verified through a national criminal background check. The Code of Virginia specifies that incomplete or false statements in an applicant's sworn statement or affirmation disclosing any criminal convictions or pending charges constitutes a misdemeanor offense. Under Virginia law, even if an applicant has been convicted of a barrier crime, it may not always prevent employment. An applicant who has one misdemeanor conviction may be hired if the criminal offense did not involve abuse or neglect and five years have lapsed since the conviction occurred. Please check "Yes" or "No" if you have you ever been convicted, including judge or jury verdicts, guilty pleas, "Alford" pleas or pleas of "nolos contend ere," for the following barrier crimes:

Yes / No Murder or manslaughter

Yes / No Malicious wounding by a mob

Yes / No Kidnapping and abduction

Yes / No Assault or bodily wounding

Yes / No Robbery

Yes / No Carjacking

Yes / No Threats of death or bodily injury

Yes / No Felony stalking

Yes / No Sexual assault

Yes / No Arson

Yes / No Drive-by shooting

Yes / No Use of a gun in a crime

Yes / No Aggressive use of a machine gun

Yes / No Pandering

Yes / No Crimes against nature involving children

Yes / No Incest

Yes / No Taking indecent liberties with children

Yes / No Abuse or neglect of children

Yes / No Failure to secure medical attention for an injured child

Yes / No Obscenity offenses

Yes / No Possession of child pornography

Yes / No Electronic facilitation of child pornography

Yes / No Abuse or neglect of incapacitated adults

Yes / No Delivery of drugs to prisoners

Yes / No Escape from jail

Yes / No Felonies by prisoners

Yes / No Possession of infectious biological substances or radiological agents

Yes / No Attempt to poison

Yes / No Malicious bodily injury to a law enforcement officer or emergency personnel

Yes / No Pointing a laser at a law enforcement officer

Yes / No Rape

Yes / No Threats to bomb or damage building

Yes / No Equivalent offense in another state

If you answered "Yes" to any of the barrier crimes listed on the previous page, please describe the offenses, provide dates of convictions and the sentences imposed:

Have you ever been arrested for any criminal offense, regardless of degree? Yes / No

If your answer is "Yes," please describe the situation; provide dates of arrests or criminal accusation, and current status:

The following information is required to conduct the national criminal background check:

Date of Birth_____

Location of Birth_____

Race_____

Sex_____

PLEASE READ CAREFULLY AND SIGN

I hereby certify that the information contained within this application is true and correct to the best of my knowledge. I agree to have any of the statements verified by Premier Plus Homecare. I authorize any past employer, personal reference or licensing body to provide Premier Plus Homecare with information concerning my previous employment or personal history. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information as well as from the use or disclosure of such information by the organization or any of its agents, employees, representatives or potential clients. I understand that any misrepresentation, falsification or material omission of information on this application may result in my failure to receive an offer of employment, or if I am hired, my dismissal from employment. I authorize Premier Plus Homecare to conduct a national criminal background check. Premier Plus Homecare may give any potential client my name, phone number and any information provided on this application. I release Premier Plus Homecare from any damages that may result from furnishing such information. I agree that my employment and compensation can be terminated with or without cause, and with or without notice, at anytime. I understand that no representative, other than the Governing Body, has the authority to enter into any agreement for employment for any specified period of time. If employed, I agree that if during the course of employment, Premier Plus Homecare advances me money, or if I lose, destroy or fail to return any Premier Plus Homecare property, I authorize Premier Plus Homecare to deduct from my wages sufficient funds to repay what I owe. Under penalty of perjury, I certify that the barrier crimes disclosure information I have provided is correct and complete. I understand that if I am hired, I can be terminated for any misrepresentations or omissions. I also understand that if I am hired, my employment is conditioned on your receipt of a satisfactory criminal history report from the Virginia Department of State Police. Premier Plus Homecare will make a copy of the report available to you upon your request.

Applicant Signature _____ Date _____