

I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE. I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.

I authorize investigation of all statements I have made on this application. I authorize past employers, all references and any other persons to answer all questions concerning my ability, character, reputation and previous employment record. I release all such persons from any liability or damages arising from the disclosure of such information.

I agree to submit to a pre-employment physical, if required, and understand that employment is contingent on satisfactorily completing it and any other testing procedures. I acknowledge the right of Village Home Care , LLC (VHC) to require employees to take medical examinations in connection with my physical ability to perform the job, any background screenings for misconduct or illegal acts, drug screening or motor vehicle license check.

If employed, I understand that VHC is committed to providing quality care to our clients. I agree to share this commitment without reservation. I further understand that due to the nature of services provided, an exceptional record of attendance and dependability is required of all employees.

If employed, I agree to comply and to be bound to all policies and procedures of the Company and be subject to the 3-month introductory period. If employed, I understand that the employment relationship exists at the will of management and employee for no definite period of time and that either party may terminate the relationship for any reason except those specifically prohibited by law. I further understand that neither the policies, rules, regulations of employment or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract.

I understand that my application will normally be kept for 30 days after which time I would need to re-apply.

Questions regarding this statement should be directed to any interviewer before signing. The application, when completed in its entirety, will be given every consideration, but its receipt does not imply that the applicant will be employed.

SIGNATURE: _____ DATE: _____

REQUEST FOR TRANSCRIPT OF ACADEMIC RECORDS

I hereby authorize the educational institutions listed on the Employment Application to release a copy of my official transcript of my academic record.

NAME (PLEASE PRINT)

SS#

SIGNATURE

DATE