

VILLAGE HOME CARE , LLC Setting the Standard for Quality Health Care

APPLICATION FOR EMPLOYMENT

Village Home Care, LLC is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status. Please read carefully before you sign this application. **Application must be completed in full even if attaching a resume**.

What m	ade you	decide to	o apply at Vil	-	-	aper Employment A my own Internet		
If applic	able to p	osition,	list your typi	ng speed:	(net wpm)) Data Entry S	peed:	
Name:								
	Last			Firs	st		Midd	le
Address	::				_	What is your preferen1. Temporary employ2. Full-time employm3. Part-time employm	vment nent	ll that apply. □ □ □
City			State	Zip		 Weekends Intern 		
Phone:				Alternate #	⁴ where you ca	an be reached (cell/beep	per)	
7.	Yes □	No □	Do you have any relatives working for Village Home Care or any of its divisions? If Yes, Name(s): 					
8. 9.								
10. 11.			Are you of legal age to work? Only U.S. citizens or aliens who have a legal right to work in the U.S. are eligible for employment. Can you, upon employment, provide genuine documentation establishing your identity and eligibility to be					
12. 13.			legally employed in the United States? Village Home Care is a non-smoking facility. If you smoke can you abstain during your work shift? Have you pled nolo contendere, been found guilty, or had adjudication withheld by the court, judge, or jury for a crime that is a felony or first-degree misdemeanor? <i>If yes, please explain</i> .					
14.			such as dat for will be	te of offense, serious taken into account).	ness and natu	t constitute an automati re of the violations, reh ployment or asked to re	abilitation	and position applied
15.			there anyth	-	terfere with yo	sential requirements of our regular attendance a in:	•••	1.

SCHOOL	NAME & ADDRESS		
High School		Did you Graduate?	
		□ Yes	□ No,
		If no G.E.D?□ Yes	🗖 No
College		Degree/Major:	
		□ Yes	🗖 No
Graduate School		Degree/Major:	
		□ Yes	□ No
Other			
List professional licenses	registration contification diploma (attach conv);		

List professional licenses, registration, certification diploma (attach copy):

Special skills (add information about equipment, languages, software familiarity, data entry skills, etc:____

Submit reasons for periods of unemployment & any supplemental job experience if necessary.

EMPLOYMENT: List last employer first, including U.S. Military Service

Current Employer:	Phone Number:		Dates:		
Address:	() -		From Mo/Yr:	To Mo/Yr:	
Position Held:		Supervisor Name/Title:			
Duties					
Salary: Start End	Reason for leaving:				
May we inquire of your current employer?	□ Yes		□ No		
Current/Former Employer:	Phone Number:		Dates:		
Address:	() -		From Mo/Yr:	To Mo/Yr:	
Position Held:	Supervisor Name/Title:				
Duties					
Salary: Start End	Reason for leaving:				
May we contact your current/ former employer?			□ No		
Former Employer:	Phone Number:		Dates:		
Address:	() -		From Mo/Yr:	To Mo/Yr:	
Position Held:		Supervisor Name/	Title:		
Duties					
Salary: Start End	Reason for leaving:				
May we contact your former employer?		es	🗆 No		

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.

SIGN	JATUR	E٠	

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