

**SOUTHWEST VA HOME HEALTH CARE, INC.** APPLICATION FOR EMPLOYMENT

2752 GLENDALE ROAD, GALAX, VA 24333  
 Phone (276) 236-1222 Fax (276) 236-3003

Date of Application: \_\_\_\_\_  
 Position Wanted: \_\_\_\_\_  
 Social Security #: \_\_\_\_\_

Southwest VA Home Health Care is an Equal Opportunity Employer.  
 No employee or applicant for employment will be discriminated  
 against because of race, color, religion, age, national origin, sex,

Name First Middle Last Other Last Names Worked Under

Present Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Date available for employment: \_\_\_\_\_ What is the minimum salary you will accept? \_\_\_\_\_

Are you available to work:  full-time  part-time  weekends  after-hour call

Hours/days available for work: \_\_\_\_\_

EDUCATION	NAME/ADDRESS OF SCHOOL	COURSE OF STUDY	YEARS COMPLETED	LIST DIPLOMA/DEGREE
High School				
Vocation/Trade				
College				
Graduate				

Have you had job related training in the United States military?  Yes  No If yes, please describe \_\_\_\_\_

List any other training not previously mentioned: \_\_\_\_\_

**Employment record** – Start with most recent or present employer – include Military Service

Most Recent Employer's Name \_\_\_\_\_ Date Hired \_\_\_\_\_ Salary/hourly Rate \_\_\_\_\_  
 Address \_\_\_\_\_ Date Left \_\_\_\_\_ Salary/hourly Rate \_\_\_\_\_  
 Name (if different from present) \_\_\_\_\_ Employer's Phone ( ) \_\_\_\_\_  
 Job Title and Description of Duties \_\_\_\_\_  
 \_\_\_\_\_  
 Immediate Supervisor (name/position) \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_

Next Previous Employer's Name \_\_\_\_\_ Date Hired \_\_\_\_\_ Salary/hourly Rate \_\_\_\_\_  
 Address \_\_\_\_\_ Date Left \_\_\_\_\_ Salary/hourly Rate \_\_\_\_\_  
 Name (if different from present) \_\_\_\_\_ Employer's Phone ( ) \_\_\_\_\_  
 Job Title and Description of Duties \_\_\_\_\_  
 \_\_\_\_\_  
 Immediate Supervisor (name/position) \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_

Next Previous Employer's Name \_\_\_\_\_ Date Hired \_\_\_\_\_ Salary/hourly Rate \_\_\_\_\_  
 Address \_\_\_\_\_ Date Left \_\_\_\_\_ Salary/hourly Rate \_\_\_\_\_  
 Name (if different from present) \_\_\_\_\_ Employer's Phone ( ) \_\_\_\_\_  
 Job Title and Description of Duties \_\_\_\_\_  
 \_\_\_\_\_  
 Immediate Supervisor (name/position) \_\_\_\_\_  
 Reason for leaving \_\_\_\_\_

**Professional Licensure**

Type of License	Issuing State	Registration Number	Expiration Date

**Office and Clerical Applicants Only:**

Typing Skills? YES NO WPM \_\_\_\_\_ Medical Terminology? YES NO

Computer Skills? YES NO Transcription? YES NO

**Special Skills and Qualifications**

Summarize special job-related skills and qualifications acquired from employment or other experience.

\_\_\_\_\_  
\_\_\_\_\_



If you are under 18 years of age, can you provide required proof of your identity and eligibility to work?  Yes  No

Are you prevented from lawfully becoming employed in the United States because of Visa or Immigration Status?  Yes  No

*Proof of eligibility to work will be required upon employment.*

How many days have you been absent from work or school during the past year? (Other than vacation) -----

Have you received disciplinary action, been placed on probation, or been investigated by any state licensing board (s)?  Yes

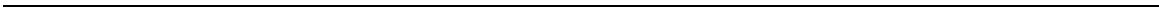
No  
If yes, please explain: \_\_\_\_\_

Have you been warned, disciplined, or terminated by an employer in the past 5 years?  Yes  No

If yes, please explain: \_\_\_\_\_

Have you been convicted of a felony?  Yes  No

If yes, please explain: \_\_\_\_\_



**References:**

Give name, address, and telephone number of three references whom you have worked for or instructors from previous education facility, vocational school, or institution where training was received.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**References:**

Give name, address, and telephone number of three references who are not related to you and are not previous employers (If none listed above).

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**Applicant's Certification and Agreement**

May we conduct a detailed reference check?  Yes  No If not, please indicate any employers you do not want contacted.

I certify the information given by me in this application is true and complete in all respects and understand any falsification or omission shall be sufficient cause for dismissal from or refusal of employment.

I certify that I am not an illegal alien and that I am eligible under all state and federal laws to accept employment.

I authorize my former employers, and persons listed as references on this application to furnish any information concerning my personal character, habits, and employment record, and I release all such persons from any liability or damages incurred as a result of inquiry and furnishing this information.

If employed, I may give notice or resignation at any time without notice or cause, and my employer may terminate or modify the relationship at any time without notice or cause. I understand that my employment is for definite period of time and is terminable at-will. If terminated, the employer is liable only for wages or salary earned as of the date of termination. In consideration of my employment, I agree to conform to the rules and regulations of the employer. I understand that no one, other than the President of the company, has authority to enter any agreement for employment for any specified period of time or to make any agreement contrary to this agreement.

The needs of the employer may make the following conditions mandatory: overtime, shift work, a rotating work schedule, or a work schedule other than Monday through Friday. If employed, I accept these conditions.

I have read and understand this agreement and certify the information I have provided in my employment application is true and complete.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*

**Office Use Only**

Interviewed By: \_\_\_\_\_ Interview Date \_\_\_\_\_

Start Date \_\_\_\_\_

Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Position \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_