

Dependable Homecare Apex Partners LLC

9020 F Lorton Station Boulevard, Suite # 119, Lorton, VA, 22079
(703) 554-3130

Employment Application

Availability: check all that you could work
Mon ___ Tues ___ Weds ___ Thurs ___ Fri ___ Sat ___ Sun ___
Day hours ___ Evening hours (5-9P) ___ nights (9P-12MN) ___ overnights ___ live-in ___

Date of Application: _____ Date Available for Employment: _____

Position Applying For: _____

Type of Employment Desired: [] Per Diem Number of Hours: _____
[] Part Time Number of Hours: _____
[] Full Time Number of Hours: _____

Last Name First Name Middle Initial

Mailing Address City State Zip
Code

Home Phone Cell Phone Email address

Language skills other than English (written/spoken)

Have you ever been employed here before? Yes or No If yes, when? _____

Are you legally eligible for employment in the US? [] Yes [] No

If not legal citizen: Do you have a green card? [] Yes [] No

Do you have a social security card? [] Yes [] No

Has your visa expired? [] Yes [] No

REFERRAL INFORMATION

How did you hear about us? (Please check)

[] Newspaper Ad _____ [] Internet _____

Which newspaper?

Which site?

[] Current Employee (Name) _____

We would like to thank them

[] Other _____

EMERGENCY CONTACT INFORMATION - Please Print Clearly

Name: _____

Relationship: _____

Home Phone Number: (_____) _____

Work Phone Number: (_____) _____

Cell Phone Number: (_____) _____

Dependable Homecare Apex Partners LLC an equal opportunity employer. All applicants and employees are considered for employment, advancement, and development based upon their skills, performance, and potential. No current or prospective employee will be discriminated against because of race, creed, color, gender, age, national origin, handicap, or military status.

Employment History - *Please begin with your most recent or current place of employment.*

Place of Employment: _____

Address: _____

Start Date: _____ End Date: _____ Salary _____

Position: _____ Phone Number: (____) _____

Supervisor: _____ Email Address: _____

Reason for Leaving: _____

Employment History - *Please begin with your most recent or current place of employment.*

Place of Employment: _____

Address: _____

Start Date: _____ End Date: _____ Salary _____

Position: _____ Phone Number: (____) _____

Supervisor: _____ Email Address: _____

Reason for Leaving: _____

Employment History - *Please begin with your most recent or current place of employment.*

Place of Employment: _____

Address: _____

Start Date: _____ End Date: _____ Salary _____

Position: _____ Phone Number: (____) _____

Supervisor: _____ Email Address: _____

Reason for Leaving: _____

Education

Name of College & Location _____

Course of Study _____

Years Completed _____ Date Graduated _____

High School: _____

Other: _____

Military Service

Branch of Service: _____ Dates of Service: _____

Highest Rank Achieved: _____ Currently in a Reserve Unit? Yes / No

Special Schooling and/or Duties: _____

Licenses and Certifications

License or Certification	ID Number	Expiration Date	State
1. _____			
2. _____			
3. _____			

Criminal History- By my signature below, I acknowledge/consent to a criminal check on my name.

Have you ever been convicted of violating any law? (Please omit minor traffic violations.)

Yes No if yes, please list conviction(s), date(s), and location(s). The presence of a criminal record is not an automatic rejection of your application. Certain types of convictions will eliminate you from servicing vulnerable elders in their homes. I attest that the above referenced information is true and accurate to the best of my knowledge. I further give the agency permission to call any of my cited previous employers or reference candidate for information regarding my character, employment history or work ethics.

Employee Candidate Signature Date