

Employment Application

**PLEASE PRINT INK ALL
INFORMATION REQUESTED EXCEPT
SIGNATURE**



PLEASE COMPLETE PAGES 1-4.

DATE _____

Name _____
Last First Middle Maiden

Present address _____
Street Address City State Zip

How long _____ Social Security No. _____ - _____ - _____

Telephone (_____) _____ Alternate phone, if any (_____) _____

If under 18, please list age _____

Position applied for: (Check one)
 Home Companion Nurse Aide
 Other (Specify: _____)

Days/hours available to work
 No Pref _____ Thur _____
 Mon _____ Fri _____
 Tue _____ Sat _____
 Wed _____ Sun _____

How many hours can you work weekly? _____ Can you work nights? _____

Would you consider a live-in situation? _____

When available for work? _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	NUMBER OF YEARS COMPLETED	CERTIFICATE OR DEGREE
High School:				
College:				
Other Training Program:				

PROFESSIONAL LICENSURE			
TYPE (CNA, LPN etc.)	EXPIRATION DATE	NUMBER	STATE

How did you learn about Ready Hands Home Care?

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APPLICATION FOR EMPLOYMENT

Work Experience Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
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List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

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APPLICATION FOR EMPLOYMENT

DO YOU HAVE A DRIVER'S LICENSE? Yes No

What is your means of transportation to work? _____

Driver's license number _____ State of issue _____ Expiration date _____

Have you had any accidents during the past three years? How many? _____

Have you had any moving violations during the past three years? How Many? _____

Please list two references **other than relatives or previous employers.**

Name _____ Name _____

Position _____ Position _____

Company _____ Company _____

Address _____ Address _____

Telephone (_____) _____ Telephone (_____) _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

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APPLICATION FOR EMPLOYMENT

PLEASE READ CAREFULLY

I understand that neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, job descriptions, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Ready Hands, Inc., or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /Owner of the Company. Both the undersigned and Ready Hands, Inc. may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contact.

SWORN AFFIRMATION

I swear and affirm that I have listed below all prior criminal convictions and all criminal charges pending against me, whether within the Commonwealth of Virginia or elsewhere:

Please print your name: _____

Signature: _____ **Date:** _____

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability.

Thank you for completing this application form and for your interest in our business.

Send Completed Application to: Ready Hands, Inc., 5600 General Washington Drive, Suite B-207, Alexandria, VA 22312
Telephone: (703) 750-3170 Fax: (703) 750-3172

OFFICE USE ONLY