

Application for Employment

Employees of Nova Home Health Care, LLC. and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender, or age.

Position applied for _____

1. First Name: _____ Last Name: _____ MI. _____
 Your name if different from: present: _____

2. SSN: _____/_____/_____. D.O.B: _____

4. Address: _____

5. Home Phone: _____ 6. Cell Phone / Pager: _____

7. EDUCATION

a. Circle highest high school grade completed 1 2 3 4 5 6 7 8 9 10 11 12 and Year Completed _____

b. If you not completed high school, do you have equivalency diploma? Yes ___ No ___ Date Received _____

c. Circle number of years of post high school education 1 2 3 4 5 6 7

	Name & Location of Institution	Hrs	Degree Received	Major	Minor	Dates Attended
1						
2						
3						

9. **EXPERIENCE**—Use Supplementary Experience Form(s) for additional space. Starting with the most recent, describe ALL paid, military and applicable voluntary experience. Highlight your knowledge, skills and abilities which best demonstrate your qualifications for this position. You may list significantly different jobs within the same organization as separate items. May we contact your present supervisor? Yes ___ No ___

a. Job Title: _____ Duties: _____

Employer: _____ Phone: _____ Type of business: _____

Address: _____

Immediate supervisor: _____ Salary (start): _____ (finish) _____

Dates Start (mo/yr) _____/_____/_____ to (mo/yr): _____/_____/_____ Reason for leaving _____

Full-time: _____ Part-time: _____ Hours/week: _____

a. Job Title: _____ Duties: _____

Employer: _____ Phone: _____ Type of business: _____

Address: _____

Immediate supervisor: _____ Salary (start): _____ (finish) _____

Dates Start (mo/yr) ____/____/____ to (mo/yr): ____/____/____ Reason for leaving _____

Full-time: _____ Part-time: _____ Hours/week: _____

c. Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops, special achievements or specialized skills: _____

d. License (to include driver's), certificate or other authorization to practice a trade or profession.

	Type License Number	Expiration Date	Granted by (licensing board)
1			
2			
3			

10. REFERENCES

List names, addresses and relationships of three persons not related to you who know your qualifications:

	Name	Address Phone	Relationship
1			
2			
3			

11. MISCELLANEOUS

a. Check which shift you will accept: ___ Day ___ Evening ___ Night ___ Rotating ___ Weekends Specify shift hours _____

b. Check, which job status you would accept: ___ Full-time ___ Part-time (specify) : _____

c. For purposes of compliance with the Immigration Reform and Control Act, are you legally eligible for employment in the United States? ___ Yes ___ No. Under the Immigration Reform and Control Act of 1986, you will be required

to fill out a certification verifying that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect should you be employed.

d. Are you willing to provide your own transportation if necessary for your employment? ___ Yes ___ No.

e. Have you ever been convicted* for any violation(s) of law? ___ YES ___ NO. If YES, please provide the

following: Description of offense: _____

Statute or ordinance (if known): _____ Date of Charge: _____ Date of Conviction:

_____ County, City and State of Conviction: _____

(For additional convictions use plain paper. Include all information listed above.)

* Convictions include Virginia juvenile adjudications for Capital Murder, First and Second Degree Murder, Lynching or Aggravated Malicious Wounding, if you were age fourteen (14) to eighteen (18) when charged.

12. When will you be available to start work? (No date is necessary if you are available as soon as you give two (2) weeks notice.) ___ Month ___ Day ___ Year.

13. **CERTIFICATION**— *Each Application Requires Current Date and Original Signature* I hereby certify that all entries on both sides and attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part of any employment in the service of the Nova Home Health Care, LLC. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent to references and former employers and educational institutions listed being contacted regarding this application. I further authorize the Nova Home Health Care, LLC. to rely upon and use, as it sees fit, any information received from such contacts. Information contained on this application may be disseminated to other agencies, nongovernmental organizations or systems on a need to- know basis for good cause shown as determined by the agency head or designee.

Date _____ Applicant Signature _____

Print Name _____

FOR OFFICE USE ONLY

Hired Date	Start Date	Salary/Wage

Remarks

END