



# EMPLOYMENT APPLICATION

**AVAILABILITY:** check all that you could work

Mon\_\_\_\_ Tue\_\_\_\_ Wed\_\_\_\_ Thu\_\_\_\_ Fri\_\_\_\_ Sat\_\_\_\_ Sun\_\_\_\_

Day Hours\_\_\_\_ Evening Hours (5-9pm)\_\_\_\_ Night Hours (9pm-12am)\_\_\_\_ 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 Number Cell Phone Number Work Phone Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
 Social Security Number Language skills other than English (written/spoken) Date of Birth

Have you ever been employed here before?  Yes  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 \_\_\_\_\_ Which newspaper?  Internet \_\_\_\_\_ Which site?  
 Current Employee \_\_\_\_\_ We'd like to thank them  
 Other \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION - Please Print Clearly

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone Number: (\_\_\_\_) \_\_\_\_\_

Work Phone Number: (\_\_\_\_) \_\_\_\_\_

Cell Phone Number: (\_\_\_\_) \_\_\_\_\_

*Dominion Healthcare LLC. is 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: \_\_\_\_\_ Start Date: \_\_\_\_\_  
Address: \_\_\_\_\_ End Date: \_\_\_\_\_  
Position: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

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Place of Employment: \_\_\_\_\_ Start Date: \_\_\_\_\_  
Address: \_\_\_\_\_ End Date: \_\_\_\_\_  
Position: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

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Place of Employment: \_\_\_\_\_ Start Date: \_\_\_\_\_  
Address: \_\_\_\_\_ End Date: \_\_\_\_\_  
Position: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

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| <b>Education</b> | Name & Location | Course of Study | Years Completed | Date Graduated |
|------------------|-----------------|-----------------|-----------------|----------------|
| High School:     | _____           | _____           | _____           | _____          |
| College:         | _____           | _____           | _____           | _____          |
| Other:           | _____           | _____           | _____           | _____          |
| Other:           | _____           | _____           | _____           | _____          |

Military Service  
Branch of Service: \_\_\_\_\_ Dates of Service: \_\_\_\_\_  
Highest Rank Achieved: \_\_\_\_\_ Currently in a Reserve Unit? Yes / No  
Special Schooling and/or Duties: \_\_\_\_\_

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**Licenses and Certifications**

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

Additional skills, languages, or information regarding the career/occupation you wish to bring to the employer's attention: \_\_\_\_\_

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**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 attach a list of 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**