ALLIED HOME CARE, LLC

Dependable Quality Care at home

4900 Leesburg Pike, Suite 413
Alexandria, Virginia 22302

Office: (703) 752-1751
Fax: (703) 842-6024

EMPLOYMENT APPLICATION

NAME: ____
Last First Initial

ADDRESS: ____
APT#

____
City State Zip Code

PHONE NO: Home __________________________ Cell __________________________

Work_________________________ **Best Time to call:** ________________

DOB: ______________________ **Social Security No:** ____________________________

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed

Ethnicity: ☐ Caucasian ☐ Asian ☐ Hispanic ☐ African American ☐ Other

Languages Spoken: 1. ___________________________**2.**_____________________________

Do you have a car? ☐ Yes ☐ No **Drivers Lic. & State:** ____________________________

Will you work with a client that smokes? ☐ Yes ☐ No

Will you work with a client that has pets? Dogs ☐ Yes ☐ No ***Cats*** ☐ Yes ☐ No

FOR OFFICE USE ONLY

Date of Application: ________________ **Date Hired:** ___________________ ☐ **ID CARD ISSUED ID**

ID NO: ____________ **Security Code:** _______________

Position applied for:

☐ RN ☐ LPN ☐ CNA/HHA ☐ COMP ☐ Live –In ☐ Other ____

License No: _______________________________________ EXP date: ___________ State: ☐ VA ☐ DC ☐ MD

☐ CPR Exp. Date: _______________ ☐ ANNUAL PPD _____________ ☐ Chest X-Ray _______________

☐ Hepatitis B: Completion date: __________________ ☐ Declination Statement

Assignment area/city____

Work travel arrangements: ☐ drives self ☐ Driven ☐ Bus ☐ Metro ☐ other ___________________

WORK REFERENCES

DATE REFERENCE CHECKED	NAME & TITLE (PERSON GIVEN INFORMATION	REMARKS

EMERGENCY CONTACT:

Name: ____ **Relationship:** _______________

Phone No: Home ____________________________ Cell __________________________

WORK AVAILIBILITY:

If **Part – time,** list the days and hours of the day**:** ____

If **Full –time,** list days and hours of the day: ____

Can you work Saturdays? ☐ Yes ☐ No Time: _______________________________________

Can you work Sundays? ☐ Yes ☐ No Time: _______________________________________

Date you can begin work **_______________** ***Are you currently employed***? ☐ Yes ☐ No

EMPLOYMENT EXPERIENCE:

	Dates Employed	
1. Employer	From	TO
Telephone No.		
Fax No.		
Contact Person & Job Title		
Reason for leaving		
2. Employer	Dates Employed From	 TO
Telephone No.		
Fax No.		
Contact Person & Job Title		
Reason for leaving		

EDUCATION, SPECIAL SKILLS & QUALIFICATIONS

What is the highest level of education you have received?

 High School Diploma GED Some College Courses Associate degree
 Bachelors Degree Graduate School Military Training
Trade School (please list) _______ __________________

NURSES ONLY: (please check all that apply)

 OASIS Assessment
 Medicare/Medicaid Admissions
 Case Management Pediatric experience
 Computer Skills
 Vent experience
 Nebulization treatments
 Trach Care
 Suctioning
 Foley Cath insertion
 Venipuncture
 IM injections
 SQ injections
 IV certified
 Burn Care
 Wound Care
 Wound Vac
 Colostomy care
 Gavage feeding
 Hoyer/ porta lift
 NG tube insertion
 GT/JT feeding/care
Med/Surg experience
 Orthopedic after care
 Diabetic teaching
 Bowel/bladder training
 Sterile Technique

EMPLOYMENT AGREEMENTS:

FAIR CREDIT REPORTING ACT
DISCLOSURE AND AUTHORIZATION STATEMENT

1. In connection with my application and or/continued employment, I understand that an investigative consumer report may be requested that will include information as to my character, work habits, performance and experience, along with reason for termination with past employment. I understand that as directed by Allied Home Care policy and consistent with the job described, you may be requesting information from public and private sources about my: COURT RECORDS, DRIVING RECORDS, WORKERS' COMPENSATION INJURIES, EDUCATION, CREDENTIALS, CREDIT AND/OR REFERENCES.

2. Medical and Workers' Compensation information will only be requested in compliance with the Federal Americans with Disabilities Act and /or any other applicable sate laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my perspective employer from a consumer-reporting agency. If so, I will be notified and given the name and address of the agency or the Source that provided the information.

3. I acknowledge that a facsimile or photographic copy shall be valid as the original. This release is valid for most federal, state and county agencies.

4. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by an agent of Allied Home Care, LLC, to furnish the information described in section 1.

Your personal information is used and required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release Allied Home Care and all persons, agencies, and entities providing information or reports about me from any and all liability arising from the request for, or release of, any of the mentioned information or reports.

CRIMINAL RECORDS PAYROLL DEDUCTION:

I understand that Allied Home Care must complies with the sate of Virginia laws governing criminal history record investigation and that this request must be made directly to The Virginia State Police at a cost of fifteen dollars ($15.00). Allied Home Care requires that I pay for this report prior to being hired.

In order to prevent any financial hardship and make this expense less burdensome Allied Home Care will fully reimburse me for this cost after (6) consecutive months of employment.

___ I hereby authorize Allied Home Care to deduct the full cost of this report from my first paycheck.

CONFIDENTIALITY:

Information about client/families shall be shared only with those individuals who have the need to know. All information obtained by Allied Home Care, about its clients and their families shall be kept confidential. This information shall not be disclosed to any party outside Allied Home Care , its employees and contractors providing patient care, except in aggregate form and without identifiers, unless there is written released signed by the client or the client's responsible representative. The only exception to this prohibition on disclosure is that essential information necessary to making Allied Home Care plans, prior to a visit to the client, may be disclosed to appropriate agencies for the sole purpose of making arrangements for the client's care. Any questions regarding disclosure shall be referred to the Administrator or the Director of Nursing.

TIME SHEETS

Allied Home Care uses weekly time sheets to keep track of the hours worked by its employees. ***In order for your bi-weekly paycheck to be correct you must comply with all policies and procedures regarding completion of timesheets. All time sheets must be signed and dated by the client or his/her representative before payroll submission.*** Allied Home Care *is unable to pay you if timesheets are incomplete.* ***Improper recordkeeping of your work hours will not be tolerated and is grounds for immediate termination.***

EMPLOYMENT POLICY AGREEMENT

***If hired, I will be subject to 3 months probation*. I agree not to accept Employment (whether temporary or permanent, full-time or part-time) from or on behalf of any person who is or was a client of** Allied Home Care**.** *This restriction shall apply only to employment for the provision of services similar to those offered by* Allied Home Care *and shall be in effect for a period of one year following termination of employment. IN the event of a breach of this restrictive covenant the employee shall pay to* Allied Home Care *(or have his/her new employer pay on his/her behalf) liquidated damages in the nature of a placement fee in the amount of $2,500.*

I have received my job description. The Director of Nursing or his/her representative has reviewed and explained to me Allied Home Care policies and procedures. I further understand that if I need further information about the stated policies and procedures I, on my own time can review Allied Home Care written policy and procedure manual.

I understand my pay rate as follow: $ __________per hour, $ __________per visit, live in rates $ _______________per day weekdays, $ ________________per day weekends. I fully understand that my job may be temporary and that the client may determine my assignment status.

I_______________________________________ have read and understand Allied Home Care policies and procedure. I fully understand and agree to all the terms of this agreement.

Employee Signature: ____ Date: __________

Allied Home Care representative: ______________________________Date: __________

Updated: August 08/bb