**EMPLOYMENT**

CONFIDENTIAL

PLEASE PRINT CLEARLY

**APPLICATION**

HomeCare Maryland, LLC is an Equal Opportunity Employer

**PERSONAL INFORMATION**

Last 4 of

Name Social Security Number

LAST FIRST MIDDLE

Are Employment Or Education Records Pertaining To You Kept Under Any Other Name?

□ Yes □ No Home

Phone Number

If Yes, Full Name Cell

Phone Number

Present Address

Street City State Zip Code

Email Address

**EMPLOYMENT DESIRED**

|  |  |
| --- | --- |
| Position Desired | Salary |
|  |  |

How Did You Learn

Of This Opening?

(Be specific i.e., newspaper, internet, word of mouth)

Date Available If Under 18 Yrs. Of Age, Do You Have a Work Permit? □Yes □No

**EDUCAITON/ TRAINING**

|  |  |  |  |
| --- | --- | --- | --- |
| School | Name and Address of School | | Did you Graduate? |
| High School |  | | □Yes □No |
|  | |
| College |  | Major | □Yes □No |
|  |  |

Additional Classes/Training/ Skills:

Were you previously employed by HomeCare Maryland? □Yes □No If yes, list dates of employment:

Are you legally authorized to work for HomeCare Maryland, LLC? □Yes □No

If hired, it will be necessary for you to promptly submit documentation of your identity and right to work for HomeCare Maryland, LLC in the U.S.

**PROFESSIONAL LICENSE AND/ OR CERTIFICATIONS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type | Organization or State Issued | Expiration Date | Number | Verified |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Specialized Training/Certifications:

**EMPLOYMENT HISTORY**

**List the last four jobs you have held, starting with your present (or most recent) job:** If you have no prior work experience, please provide in the space below the name, address, and phone number of three personal references we may contact.

|  |  |  |
| --- | --- | --- |
| Name of Present or Last Employer | Dates Employed  From: | To: |
| Address (Street, City, State, Zip Code) | | Phone |
| Position Title | Immediate Supervisor’s Name and Title | |
| Job Description & Responsibilities: | | |
|  | | Employment Status:  □ Full Time □Part Time □PRN |
| May we contact your present employer? □ Yes □No If no, please explain: | | |
| Reason for Leaving: | | |

|  |  |  |
| --- | --- | --- |
| Name of Next Previous Employer | Dates Employed  From: | To: |
| Address (Street, City, State, Zip Code) | | Phone |
| Position Title | Immediate Supervisor’s Name and Title | |
| Job Description & Responsibilities: | | |
|  | | Employment Status:  □ Full Time □Part Time □PRN |
| Reason for Leaving: | | |

|  |  |  |
| --- | --- | --- |
| Name of Next Previous Employer | Dates Employed  From: | To: |
| Address (Street, City, State, Zip Code) | | Phone |
| Position Title | Immediate Supervisor’s Name and Title | |
| Job Description & Responsibilities: | | |
|  | | Employment Status:  □ Full Time □Part Time □PRN |
| Reason for Leaving: | | |

|  |  |  |
| --- | --- | --- |
| Name of Next Previous Employer | Dates Employed  From: | To: |
| Address (Street, City, State, Zip Code) | Phone |  |
| Position Title | Immediate Supervisor’s Name and Title | |
| Job Description & Responsibilities: | | |
|  | | Employment Status:  □ Full Time □Part Time □PRN |
| Reason for Leaving: | | |

**AVAILABILITY INFORMATION**

1. Are you available to work:

Weekends □Yes □No Holidays □Yes □No

Weekdays □Yes □No On Call □Yes □No

1. How many years experience do you have in home health care?
2. Do you plan to maintain a position with any other organization while employed at HomeCare Maryland?

□ Yes □ No

1. Do you have reliable means of transportation? □Yes □No
2. Do you have any other responsibilities which may interfere with your ability to arrive at work on time and remain at work throughout each regularly scheduled workday? □Yes □No
   1. If yes, please explain:
3. Do you have any criminal charges presently pending against you? □Yes □No

Note that such charges will not necessarily prevent employment.

If yes, describe the facts and circumstances, and give dates and locations:

1. Have you ever been convicted of a crime, pled no contest to criminal charge, accepted probation before judgement, or had an similar disposition of a criminal charge filed against you? □Yes □No

Note that a criminal record will not necessarily prevent employment. We will consider the nature of the offense and relevant circumstances.

If yes, describe the facts and circumstances, and give the dates and locations:

1. Have you ever been convicted of (1) cruelty to persons or (2) assault of a victim? (1) □Yes □No

If so, please describe the offense, the date and place of the conviction, and the underlying (2) □Yes □No

Circumstances or other information to help us evaluate your current fitness for employment:

1. Have you ever been convicted and/or been found guilty by a court or a state of:

(1) Abusing, neglecting or mistreating a resident of a skilled nursing/ LTC, other health institution or in a home health environment? □Yes □No

(2) or misappropriating property of a resident of a skilled nursing/ LTC, other health institution or in a home health environment in this state or any other state? □Yes □No

If so, please describe the offense, the date and place of the conviction, and the underlying circumstances or other information to help us evaluate your current fitness for employment:

1. Are you aware of any investigation, past or present, regarding your professional conduct or status, which has been conducted by any government entity or professional licensing board? □Yes □No
2. Have you ever been denied a license or the privilege of taking an examination by any professional licensing board of licensing agency? □Yes □No
3. Has a license of any type issued to you by any professional licensing board or agency ever:

-been denied, revoked, suspended, limited or restricted; □Yes □No

- had probationary terms or any other disciplinary action placed against it; □Yes □No

- been subject to a public or private consent order, or; □Yes □No

-otherwise been subject to an adverse action by any licensing authority? □Yes □No

14. Have you ever voluntarily or otherwise surrendered any professional license? □Yes □No

**APPLICANT’S STATEMENT**

1. A. Have you ever been excluded, suspended, debarred or otherwise deemed ineligible to participate in any Federal and/ or State healthcare program or Federal procurement program? □Yes □No

B. If so, have you been reinstated in a healthcare procurement program after a period of exclusion, suspension, debarment or ineligibility? □Yes □No □Not Applicable

C. Have you ever been convicted of a criminal offense related to the provision of healthcare or procurement of items or services? □Yes □No

If you answered “yes” to any of these questions, please provide all applicable details on a separate sheet.

I hereby certify that my answers to the above questions are true.

Signature of Applicant: Date:

1. If I am employed, I hereby authorize representatives or agents of my employer to review, on an on-going basis throughout my employment, (i) data bases and other sources containing information regarding my continued eligibility for employment as required by state or federal laws or programs and (ii) data bases and other sources containing information which could be relevant to my employment.

Signature of Applicant: Date:

I understand HomeCare Maryland, LLC will use the information contained in this application as one of the factors in making its decision whether to offer me employment. I certify that the facts contained in this application are true and complete to the best of my knowledge and I have not withheld any fact or circumstance which could, if disclosed, affect consideration of my application. I understand that any false or misleading statement or any material omission in this application will be grounds for rejection of my application or (if have been hired) for my immediate dismissal.

I authorize investigation of all statements contained in this application, information concerning my previous employment, and any other information, personal or otherwise. I release all parties from liability for any damage that may result from furnishing information and opinions to HomeCare Maryland, LLC. I release and indemnify HomeCare Maryland, LLC (and its agents) against any liability that may result from making such an investigation.

I agree to take drug/ alcohol tests as required by HomeCare Maryland, LLC.

If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that HomeCare Maryland, LLC retains a similar right.

**MY SIGNATURE BELOW INDICATES THAT I HAVE READ, UNDERSTAND, AND AGREE TO THE ABOVE STATEMENTS.**

Signature of Applicant: Date:

**UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING $100.**

Signature of Applicant: Date:

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