

# HEALING HANDS HOMECARE SERVICES, LLC

5641 Burke Centre Parkway, ste111 Burke VA 22015  
Phone: 571-635-7767  
Fax: 571-418-0110  
Email: healinghandsservice.com



HEALING HANDS HOMECARE SERVICES, LLC is an Affirmative Action and Equal Opportunity Employer. Various Federal, State, and Local laws prohibit discrimination on account of race, color, religion, sex, age, national origin, disability, sexual orientation or veteran's status. It is the policy of HEALING HANDS HOMECARE SERVICES, LLC to comply fully with these laws, as applicable, and information requested on this application will not be used for any purpose prohibited by law

## PLEASE PRINT

Position (s) Applied For \_\_\_\_\_ Date of Application \_\_\_\_\_

### How Did You Learn About us?

- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> Advertisement     | <input type="checkbox"/> Friend      |
| <input type="checkbox"/> Employment Agency | <input type="checkbox"/> Inquiry     |
| <input type="checkbox"/> Website           | <input type="checkbox"/> Other _____ |

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middel Initial: \_\_\_\_\_

Address: \_\_\_\_\_

State: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Date: \_\_\_\_ | \_\_\_\_ | \_\_\_\_ D.O.B \_\_\_\_\_

Best time to contact you at the above number is: \_\_\_\_\_ : \_\_\_\_\_ am  
pm

Have you ever filed an application with us \_\_\_\_\_ Yes No

If Yes, give date \_\_\_\_\_

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever been employed with us before? \_\_\_\_\_ Yes No

If Yes, give date \_\_\_\_\_

Do any of your friends or relatives, other than spouse, work here? \_\_\_\_\_ Yes No

If Yes, state name, relationship and location \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Yes No

Immigration Status?

***Proof of citizenship or immigration status will be required upon employment.***

Date available for work \_\_\_\_/\_\_\_\_/\_\_\_\_

What is your desired salary range? \_\_\_\_\_

- Are you available to
- Full Time
  - Part Time
  - Temporary

Are you currently on "lay-off" status and subject to recall? \_\_\_\_\_ Yes No

Can you travel if a job requires it? \_\_\_\_\_ Yes No

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Healing Hands Homecare  
Services LLC

## WORK EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

<i>Employer</i>	<i>Dates Employed</i>		<i>Work Performed</i>
Address	From	To	
Telephone #	Hourly Rate/Salary		
Present Job Title	Starting	Final	
Supervisor			
Reason for Leaving	May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No		

<i>Employer</i>	<i>Dates Employed</i>		<i>Work Performed</i>
Address	From	To	
Telephone #	Hourly Rate/Salary		
Present Job Title	Starting	Final	
Supervisor			
Reason for Leaving	May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No		

<i>Employer</i>	<i>Dates Employed</i>		<i>Work Performed</i>
Address	From	To	
Telephone #	Hourly Rate/Salary		
Present Job Title	Starting	Final	
Supervisor			
Reason for Leaving	May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No		

## EDUCATION

Name of School	Address	Major	Graduation

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## PROFESSIONAL REFERENCES (Please Do Not List Personal References)

Name	Phone Number	Best Time to Call	Occupation

## APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In addition, I authorize the references listed on this application to give you any and all information concerning my previous employment and pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

I understand that omissions or false information, as well as providing any unsolicited information, may result in the application being removed from further consideration. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
 Signature of Applicant
 \_\_\_\_\_  
Date

## BACKGROUND INFORMATION AUTHORIZATION

I hereby authorized HEALING HANDS HOMECARE SERVICES, LLC its corporate affiliates, its employees, its authorized agents and representatives to verify all information contained in my application and to inquire into my character, general reputation, personal characteristics, and mode of living. I further agree that should I accept an offer of employment, HEALING HANDS HOMECARE SERVICES, LLC may need to update this information or conduct subsequent investigations from time to time during my employment and I expressly authorize such acts. I hereby release HEALING HANDS HOMECARE SERVICES, LLC, its corporate affiliates, its employees, its authorized agents and representatives, and all others involved in the background investigation from any liability in connection with any information they give or gather and any decisions made concerning my employment based on such information. I understand that any offer of employment I may receive is contingent upon the successful completion of the background investigation. I further understand that I have a right, under Section 606(B) of the Fair Credit Reporting Act, to make a written request to HEALING HANDS HOMECARE SERVICES, LLC within a reasonable period of time for a complete and accurate disclosure of the nature and scope of the investigation requested.

\_\_\_\_\_  
 Signature of Applicant
 \_\_\_\_\_  
Date

Hired:	Dept:	Position:	Will Report:	Salary:

Approved: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
Employment Manager
Dept. Head
General Manager

\_\_\_\_\_  
 Signature of Applicant
 \_\_\_\_\_  
Date