



Delmarva's Home Care Solution, Inc.

Employment Application

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Email _____

Date Available to _____ Social Security No.: _____ Desired rate: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

***Have you ever been convicted of a felony? YES NO

If yes, explain: _____

CERTIFICATIONS

CNA, GNA, RN, Home Health Aide Other _____

Health Related Courses?

First Aid, CPR, Other _____

Other Skills and Qualifications? Summarize any job-related training, skills, licenses, certificates, and/or other qualifications? _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Previous Employment

Company: _____ Phone: _____
Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
 Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
 Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

WORK PREFERENCES

Please list the times you are available to work under each day of the week.

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
HOURS AVAILABLE							

Mark which towns will you be willing to work?

Salisbury , Delmar , Pittsville , Princess Anne , Snow Hill , Pocomoke , Quantico ,
 Cambridge , Hurlock , Ocean City , Ocean Pines/Berlin , Other _____

Are you available to work overnights? Yes No

Are you available to work weekends? Yes No

Can you travel if required by this position? Yes No

How were you referred to us? _____

***DHCS must comply with Department of Health and Human Services policy to employ personal care aides that have not been convicted of, received probation before judgement, or entered a plea of nolo contendere to, a felony or crime involving moral turpitude or theft, or have other criminal history that indicated behavior that is potentially harmful to participants.

Disclaimer and Signature

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of the information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information. I understand that a background check will be conducted prior to employment with Delmarva's Home Care Solution, Inc.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination or employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual because of that person's need for reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Signature: _____

Date: _____



Background Screening and Selection

The purpose of this addendum to the employment application is to assist Delmarva's Home Care Solution, Inc. in the background screening and selection.

Please complete the following information:

Candidate Name: _____ Date: _____

Address: _____

Telephone #: _____

Alternate telephone #: _____

SS# _____

Driver's License # _____

Date of Birth: _____

I hereby authorize Delmarva's Home Care Solution, Inc. to conduct, obtain, and verify the accuracy of the information contained in the employment application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representative for seeking, gathering, and using such information to make employment decisions and all other personas or organizations for providing such information.

Candidate Signature: _____ Date: _____