



**EMPLOYMENT HISTORY FOR THE PREVIOUS 5 YEARS AND BEYOND**

List below all present and past employment, beginning with your most recent. You may attach a resume to this application, but it is essential that all of the following questions be answered. Please fill in all the blanks.

Present employer: \_\_\_\_\_ Position: \_\_\_\_\_  
Address: \_\_\_\_\_  
No. Street Apt. # City County State Zip Code  
Supervisor: \_\_\_\_\_  
Telephone No. ( ) \_\_\_\_\_ Employment dates: From \_\_\_\_\_ To \_\_\_\_\_  
Describe duties in detail: \_\_\_\_\_

Reason for leaving? \_\_\_\_\_ Are you currently eligible for bonus or commissions?  
Annual earnings: \_\_\_\_\_  YES Amount \$ \_\_\_\_\_  NO  
Pay rate: Start \_\_\_\_\_ Current \_\_\_\_\_ \*Contact  YES  NO

Previous employer: \_\_\_\_\_ Position: \_\_\_\_\_  
Address: \_\_\_\_\_  
No. Street Apt. # City County State Zip Code  
Supervisor: \_\_\_\_\_  
Telephone No. ( ) \_\_\_\_\_ Employment dates: From \_\_\_\_\_ To \_\_\_\_\_  
Describe duties in detail: \_\_\_\_\_

Reason for leaving? \_\_\_\_\_  
Annual earnings: Pay rate: Start \_\_\_\_\_ Finish \_\_\_\_\_ \*Contact  YES  NO

Previous employer: \_\_\_\_\_ Position: \_\_\_\_\_  
Address: \_\_\_\_\_  
No. Street Apt. # City County State Zip Code  
Supervisor: \_\_\_\_\_  
Telephone No. ( ) \_\_\_\_\_ Employment dates: From \_\_\_\_\_ To \_\_\_\_\_  
Describe duties in detail: \_\_\_\_\_

Reason for leaving? \_\_\_\_\_  
Annual earnings: Pay rate: Start \_\_\_\_\_ Finish \_\_\_\_\_ \*Contact  YES  NO

Previous employer: \_\_\_\_\_ Position: \_\_\_\_\_  
Address: \_\_\_\_\_  
No. Street Apt. # City County State Zip Code  
Supervisor: \_\_\_\_\_  
Telephone No. ( ) \_\_\_\_\_ Employment dates: From \_\_\_\_\_ To \_\_\_\_\_  
Describe duties in detail: \_\_\_\_\_

Reason for leaving? \_\_\_\_\_  
Annual earnings: Pay rate: Start \_\_\_\_\_ Finish \_\_\_\_\_ \*Contact  YES  NO

\*May we contact the employers listed above?  YES  NO If not, indicate which one(s) we can contact.  
Minimum starting income expected: \$ \_\_\_\_\_  
Please comment on any other experience, skills or qualifications you have which would be valuable to

(CONTINUED ON BACK)

Within the last seven years have you been convicted of a felony, misdemeanor, or any offense other than a minor traffic offense?  YES  NO

If YES, explain: \_\_\_\_\_  
\_\_\_\_\_

NOTE: An answer of "yes" will not disqualify any applicant for consideration for a job; rather, such information is only relevant to the job application process in terms of whether or not the conviction(s) has a direct relationship to the job for which you are applying and whether it would pose an unreasonable risk to property, safety, employees, or clients.

Have you ever committed an offense involving dishonesty or a breach of trust or fraud?  YES  NO  
If YES, explain \_\_\_\_\_  
\_\_\_\_\_

Bonding is a condition of employment for some positions at Angel Wings Home Care. If the position for which you are applying requires a Fidelity Bond, have you ever been denied such a bond or if such a bond has been issued to cover you has it been qualified and/or cancelled?  YES  NO

**RECORD OF EDUCATION**

Type	Name and Location of School	No. of Years Attended	Degree Awarded	Major Field
High School				
College				
Graduate				
Trade, Business, Correspondence				

Are you presently enrolled in any course(s) now?  YES  NO Name of school? \_\_\_\_\_

How many days/nights per week? \_\_\_\_\_ Course completion date(s): \_\_\_\_\_

List trade or professional organizations of which you are a member. Indicate any office held. (Omit labor organizations and any organization which indicates race, color, sex, religion or national origin of members.)  
\_\_\_\_\_  
\_\_\_\_\_

**MILITARY SERVICE RECORD**

Have you ever served in the armed forces?  YES  NO

If YES, what branch of the service? \_\_\_\_\_ Highest rank attained: \_\_\_\_\_

List duties in the service including special training: \_\_\_\_\_  
\_\_\_\_\_

**REFERENCES** (Do not list relatives)

NAME	ADDRESS	PHONE NO	OCCUPATION

ADDITIONAL INFORMATION: If appropriate, please attach a resume to this application and any proprietary agreements which you have signed with present or prior employers.

**AGREEMENT**

(Please Read Carefully)

I understand, agree, and acknowledge that any employment relationship that may result from this application will be of an "at-will" nature only, which means that I may resign at any time and for any reason and that the company may terminate my employment at any time and for any reason with or without cause. I also understand, agree, and acknowledge that no employee of the company has any authority whatsoever to make any promises or arrangements with me that changes the "at-will" nature of any employment relationship that may result between myself and the company.

Applicant's Initials: \_\_\_\_\_

In the event of my potential employment, I understand, agree, and acknowledge that: (1) any false, omitted, or misleading information provided by me either in my resume, on this job application form, or in interviews may result in my discharge at any time in the future; (2) I am required to abide by all personnel policies, rules, and regulations of the company if I am hired; (3) I authorize the investigation of all statements by the company and/or its agents contained in this application, my resume, or made during any interview as may be necessary in arriving at any employment decision with respect to my application; (4) this application shall be considered active for a period of time not to exceed six months, and should I wish to be considered for employment beyond this time period I agree to submit an additional application in the future; (5) I consent to a pre-employment drug screen, and I acknowledge that if at anytime the company learns that the drug screen yields a positive result, the company may withdraw and revoke any offer of employment; and (6) I certify that all answers and information given herein are true and complete to the best of my knowledge.

Applicant's Initials: \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**SUPPLEMENTAL APPLICATION FOR CAREGIVER POSITIONS**  
*(If you are applying for a caregiver position, you must also complete this section.)*

Name: \_\_\_\_\_ Social security number: \_\_\_\_\_

Classification:  RN  LP/LVN  OTHER License number: \_\_\_\_\_ Renewal number: \_\_\_\_\_

State issued: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Has your license ever been suspended or revoked?  YES  NO Explain \_\_\_\_\_

Are you fluent in reading, writing, and/or speaking any of the following languages:

SPANISH  FRENCH  PORTUGUESE  RUSSIAN  VIETNAMESE  CHINESE OTHER \_\_\_\_\_

Do you know sign language?  YES  NO Type: \_\_\_\_\_

Many of the positions which Angel Wings Home Care has available require, as essential job functions, that the employee lift, turn or move patients/clients or medical equipment. These positions may also require, as essential job functions, that the employee assist a patient/client in turning, standing, walking or sitting. If you accept a position that requires the employee to perform these essential job functions, can you perform them with or without accommodation?

YES  NO

If no, please describe all of the duties that you are unable to perform and what accommodations may be necessary: \_\_\_\_\_

Many of the positions at Angel Wings Home Care require the employee to use a motor vehicle to get from one location to another in order to do the job. If you are applying for a position that requires you to have a motor vehicle do you:

Have access to a motor vehicle for use on the job?  YES  NO

Have a valid driver's license?  YES  NO

Have inforce automobile insurance?  YES  NO

**Note:** Angel Wings Home Care does not provide its employees with motor vehicles or automobile insurance.

Hours available for assignment:  7-3  3-11  11-7 Shift preference \_\_\_\_\_

Available for less than 8 hour shifts:  YES  NO If yes, indicate which hours \_\_\_\_\_

Days available for assignment:  SAT.  SUN.  MON.  TUES.  WED.  THURS.  FRI.

Available for weekend or occasional weekends?  YES  NO If yes, how often: \_\_\_\_\_

Assignments willing and qualified to perform:		DUTY PREFERENCE	COMMENTS
Home Care Visits	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____
Hospital Staff	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____
Hospital Private Duty	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____
Nursing Home Staff	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____
Nursing Home Private Duty	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____
Home Care Shifts	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____

Do you own a uniform which you can wear if employed by us?  YES  NO

I agree to report to the office at the end of each assignment (whether or not it is a live-in assignment), if I am no longer available for work, or if my availability status has changed. I further understand that I cannot be paid until I present a time slip signed by both the client and myself to this office.

Applicant's Initials: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Interviewer: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by Director \_\_\_\_\_ Date: \_\_\_\_\_



 Angel Wings  
Home Care

2276 Franklin Turnpike, Suite 106  
Danville, VA 24540  
434-836-8711

**IMPORTANT ALERT!!!**

When you fill out the attached form, which is the *Statement Required by Section 32.1-162.9:1 of the Code of Virginia*, and you sign it, you are swearing that all the information you put on the form is true. In other words, if you check that you **DO NOT** have a criminal background (no matter how long ago it was) and the Criminal Background check comes back with charges on it – **YOU WILL BE AUTOMATICALLY TERMINATED and WILL NOT be eligible for unemployment!** This form is closely reviewed by the Commonwealth of Virginia's Department of Health so please read carefully and fill it out **HONESTLY!** If you don't understand it please ask for help.

Thank You,

Julia McKinnis, BSN  
CEO/Administrator  
Angel Wings Home Care

Statement Required by Section 32.1 – 162.9:1 of the Code of Virginia

I, \_\_\_\_\_, solemnly swear and affirm each of the following as true. I understand that to give a false answer here is a crime in itself.

- 1. I have never been convicted of murder, abduction for immoral purposes as set out in #18.2 –18 of the Code of Virginia, assaults and bodily wounding as set out n Article 4 (#18.2 – 51 et seq.) of Chapter 4 of title 18.2, robbery as set out in #18.2 – 58, sexual assault as set in #18.2 – 355, crimes against nature involving children as set out in 18.2 – 314, obscenity offenses as set out in #18.2 – 374.1 or #18.2 – 379, or abuse or neglect of an incapacitated adult as set out in #18.2 – 369.

\_\_\_\_\_ No, I have not been convicted. If No, skip to #3.

\_\_\_\_\_ Yes, I have been convicted. If Yes, answer #2.

- 2. Answer only if answer to #1 was yes; otherwise skip to #3.

My conviction was: \_\_\_\_\_ listed above \_\_\_\_\_ not listed above

My conviction was listed as: \_\_\_\_\_

My conviction was in \_\_\_\_\_ (give date), in the state of \_\_\_\_\_.

My conviction was a \_\_\_\_\_ misdemeanor \_\_\_\_\_ felony.

Please be aware that it is a policy of Angel Wings Home Care not to hire any person who has a felony conviction or any person with more than one (1) misdemeanor conviction.

- 3 To reaffirm. I have never been convicted of any crime whatsoever in any state.

\_\_\_\_\_ I have never been convicted of a crime in any state.

\_\_\_\_\_ I have been convicted of a crime.

- 4. \_\_\_\_\_ I have no charges pending against me in any state.

\_\_\_\_\_ There are charges pending against me in \_\_\_\_\_ (state). Please describe:

- 5. I understand that it is a crime to make a materially false statement (including an omission) regarding any criminal convictions or pending charges on my background check. \_\_\_\_\_ Please initial.

- 6. False statements on this form will result in immediate counseling, suspension without pay, or termination as determined by the Administrator and Director or Designee. \_\_\_\_\_ Please initial as read and understood.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

*Angel Wings*  
*Home Care*

The law requires employers to ask all new hires whether there is a court order requiring some of their income be withheld for child support. If so, withholding must begin with the employees' first paycheck.

**Yes, I DO** have a court order to child support Payments \_\_\_\_\_

**No, I DON'T** have a court order to pay child support payments \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date