

# Allegiance Home Care Services, Inc

## APPLICATION FOR EMPLOYMENT

Client hire date \_\_\_\_\_ Client Company \_\_\_\_\_

Personal information \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Present Address \_\_\_\_\_

Street City State Zip

Permanent address \_\_\_\_\_

Street City State Zip

Phone # (\_\_\_\_) \_\_\_\_\_ If you are under 18, can you furnish a work permit?  Yes  No

Employment desired  Full time  Part time  Temp  Seasonal

Position \_\_\_\_\_ Date you can start \_\_\_\_\_ Salary \_\_\_\_\_

Are you employed now? \_\_\_\_\_ If so, may we inquire of your present employer?  Yes  No

Ever applied for this company before?  Yes  No Where \_\_\_\_\_ When \_\_\_\_\_

Are you on layoff and subject to recall?  Yes  No. Will you travel if required?  Yes  No

Will you relocate if job requires it?  Yes  No. Will you work overtime if required?  Yes  No

Are you able to meet the attendance requirements of this position?  Yes  No. Have you ever been

Bonded?  Yes  No. Have you ever been convicted of a felony in the past 7 yrs  Yes  No

Such conviction may be relevant if job related, but does not bar you from employment. If yes – explain

Driver's license number \_\_\_\_\_ State \_\_\_\_\_

Education		Name and location Of School	# of years Completed	Did you Graduate?	Subjects Studied
Academic	Currently Attending				
	Last Completed				
Trades of Business	Currently Attending				
	Last Completed				

Summarize special skills and qualifications acquired from employment or other experiences that may qualify you to work with this company. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Date Month and Year	Name and address of employer	Salary	Job	Reason for Leaving
From				
To				
From				
To				
From				
To				

**References:** Give the names of three persons not related to you to whom you have known at least 1 year

Name	Address	Phone	Yrs acquainted

List any foreign language(s) and check the box that best describes your skill level.

Language	Read and write	Read and speak	Speak only

In case of  
Emergency notify \_\_\_\_\_  
Name
Address
Relationship
Phone

**INITIAL                      Conditions of Employment – please read carefully**

\_\_\_\_\_ Reporting to work with impaired abilities; or the possession, consumption or distribution of drugs or alcohol on company premises and/or worksites, shall be grounds for disciplinary action, including discharge. A condition of employment includes willingness on the part of the applicant or employee to agree to physical examination, polygraph and/or substance testing, if required by the company. We are committed to operating a drug free workplace. Violations of our drug and alcohol policy will result in dismissal.

\_\_\_\_\_ It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed. Furthermore, I understand that just as I am free to resign anytime, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary.

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\_\_\_\_\_ I give the employer the right to investigate all police, driving, and personal records and references, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

\_\_\_\_\_ The Employer is an Equal Opportunity Employer. The Employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, State or Federal law.

\_\_\_\_\_ This application is current for 60 days. At the conclusion of this time if I have not heard from the Employer and still wish to be considered for employment, it will be necessary to fill out a new application.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

AGENCY MANAGEMENT NOTES :

**Allegiance Home Care Services, Inc  
2019 Cunningham Drive, Suite 316  
Hampton, Virginia 23666  
Office Phone: 757-325-2680  
Fax: 757-265-0364**

Date \_\_\_\_\_

**✓ EMPLOYEE REFERENCE CHECK**

**Allegiance Home Care Services, Inc has my authorization to check my references.**

**PRINT EMPLOYEE NAME:** \_\_\_\_\_

**EMPLOYEE SIGNATURE:** \_\_\_\_\_

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**Company Contacted:** \_\_\_\_\_

**Mr. / Mrs.:** \_\_\_\_\_ is seeking employment with our company. It is our policy to ask for references prior to employment. Please complete this form for our records ***and sign below***. We would greatly appreciate your assistance.

**PLEASE VERIFY EMPLOYMENT DATES:**

From: \_\_\_\_\_ To: \_\_\_\_\_

**ELIGIBLE FOR REHIRE?**     YES     NO

**COMMENTS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INFORMATION WAS RECEIVED BY:**     Phone     Mail     Fax

**Name of company** \_\_\_\_\_

**\* (IF FAXED) Company Contact Signature** \_\_\_\_\_

\_\_\_\_\_  
*Signature of Agency Representative & Title*

\_\_\_\_\_  
*Date*

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PLEASE VERIFY EMPLOYMENT DATES:

From: \_\_\_\_\_ To: \_\_\_\_\_

ELIGIBLE FOR REHIRE?     YES                       NO

COMMENTS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

INFORMATION WAS RECEIVED BY:     Phone             Mail             Fax

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*Date*