

MAXBEL HOME HEALTH INC.
14916 Springs Tree Ln. Woodbridge, VA 22193
Phone: 703-225-8713
7032258712
maxbelhomehealthinc@gmail.com

EMPLOYMENT APPLICATION

Personal Information	
Name	
Address	
Phone	
Email	
Date of Birth	
SSN	
Gender	
Emergency Contact	Name/Phone
Certification/License	
	<p>**Do you have current First Aid Certification (State Level): _____ Expiry Date: _____</p> <p>**Do you have current CPR? _____ Expiry Date: _____</p> <p>**Certificate/License: _____ Expiry Date: _____</p> <p>Have you taken a Food Safety course? _____</p> <p>Other: _____ (Specify)</p> <p>Other: _____</p> <p>(Specify)</p>
Type of Work Seeking	
Type of Position(s) Preferred	_____ RN _____ LPN _____ CNA/PCA/HHA _____ Live-In _____ Other: _____
Experience	

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APPLICATION**

Employment Verification / References

Applicant Name: Date:
*Employer Name:
Address:
*Supervisor / Co-Worker:
*Phone:
Dates of Employment: From: To:
*Position Held:

***Required Information**

I have applied for employment with Maxbel Home Health Inc. and hereby authorize you to furnish the information requested below concerning my prior employment with your company. In signing this authorization, I release the company, its employees and/or its agents from any liability that may result now or later because of complying with this request.

Applicant Signature: _____

STOP HERE

EVALUATION *(To be completed by previous employer.)*

	Excellent	Good	Average	Unsatisfactory
Knowledge				
Attendance				
Cooperation				
Honesty				
Punctuality				

Eligible for Rehire? Y N

Completed By: Title: _____ Signature: Date:

Job/Employment Application Page 2 of 5

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SWORN STATEMENT

Section 63.2-1720 of the Code of Virginia requires that any person desiring to work at **MAXBEL HOME HEALTH INC.** shall provide the Agency with a sworn statement or affirmation disclosing any criminal convictions or pending criminal charges, whether within or outside the Commonwealth of Virginia.

The law prohibits licensed Home Care Organizations from hiring or continuing to employ any individuals convicted of a barrier crime. However, applicants convicted of one misdemeanor barrier crime not involving abuse or neglect may be hired or continue to be employed if five years have elapsed since the conviction.

Any person making a materially false statement on this form regarding any criminal offense

shall be guilty of a Class I misdemeanor.

Further dissemination of the background check information provided on this form is prohibited other than to the Commissioner's representative or a federal or state authority or court as may be required to comply with an express requirement of law for such further dissemination.

Please Print

Name: _____

Address: _____

Have you ever been convicted of a law violation(s) but excluding offenses committed before your eighteenth birthday that were finally adjudicated in a juvenile court or under a youth offender law? Yes ___ No ___. If yes, list all and explain.

Are you the subject of any pending criminal charges? Yes ___ No ___ If yes, explain

I hereby affirm that the information provided on this form is true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part to any employment offered by this Agency. I understand that all information on this form is subject to verification.

Applicant's Signature _____ Date _____

Job/Employment Application Page 4 of 5

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AFFIRMATION

I certify that, to the best of my knowledge, the answers given are true and complete and that purposeful misrepresentation may result in rejection of my application. I authorize investigation of all statements contained in this application, as required. Additionally, I authorize former employers, references and any other individual/organizations to provide information to **Maxbel Home Health Inc.** and I hereby release and discharge any of the above and **Maxbel Home Health Inc.** from any liability of any kind or nature. I also understand that it is my responsibility to keep such information current and accurate by updating it as often as necessary

I understand that failure to meet any medical and/or health requirements for the position may prevent my employment with the Agency. I also understand that employment, for certain positions, may be conditional upon successful completion of a substance abuse screening test and a criminal background check

I further understand that, if hired, I may be required to provide proof that I am a citizen of the United States or proof that I am currently authorized to work in the United States.

Signature Date

Applicant's