



11350 Random Hills Road, Suite 851-Fairfax.Virginia 22030-Phone +1 703 279 6588-Fax +1 703 279-6578

**DBA/GLOBAL HOME CARE**

**EMPLOYMENT APPLICATION**

Global Home Care’s policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status and to comply with all federal, state, and local laws and regulations. Be assured that your opportunity for employment with Global Home Care depends solely on your qualifications for the position.

**GENERAL INFORMATION**

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

Last name: \_\_\_\_\_ First name : \_\_\_\_\_ Middle name: \_\_\_\_\_

Street Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Home Ph: \_\_\_\_\_

Cell: \_\_\_\_\_ Social Security #: \_\_\_\_\_ DOB: \_\_\_\_\_

Position applied for: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

When can you start? \_\_\_\_\_ Desired Wage \$ \_\_\_\_\_

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? (You may be required to provide documentation.)  Yes  No

Are you looking for full-time employment?  Yes  No

If no, what hours are you available? \_\_\_\_\_

Were you explained your job description?  Yes  No

Have you understood your duties and responsibilities?  Yes  No

Do you understand that your evaluation will be based on this job description end twelve month period?  
 Yes  No

Have you ever been convicted of a felony? (This will not necessarily affect your application.)  Yes  No

If yes, please describe conditions: \_\_\_\_\_

**EDUCATION**

School Name:	Location	Year attended	Major	Degree
High School				
College				
Post-College				
Other Training				

In addition to your work history, are there other skills, qualifications, or experience that we should

Consider?

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

**EMPLOYMENT HISTORY (Start with most recent employer)**

**EMPLOYMENT #1**

Company Name \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Date Started \_\_\_\_\_ Starting Wage \_\_\_\_\_ Starting Position \_\_\_\_\_

Date Ended \_\_\_\_\_ Ending Wage \_\_\_\_\_ Ending Position \_\_\_\_\_

Name of Supervisor/phone#: \_\_\_\_\_

May we contact your former employer?  Yes  No

Responsibilities \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving \_\_\_\_\_

**EMPLOYMENT #2**

Company Name \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Date Started \_\_\_\_\_ Starting Wage \_\_\_\_\_ Starting Position \_\_\_\_\_

Date Ended \_\_\_\_\_ Ending Wage \_\_\_\_\_ Ending Position \_\_\_\_\_

Name of Supervisor/phone#: \_\_\_\_\_

May we contact your former employer?  Yes  No

Responsibilities \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving \_\_\_\_\_  
\_\_\_\_\_

<b>EMPLOYMENT #3</b>		
Company Name _____		
Address _____		Telephone _____
Date Started _____	Starting Wage _____	Starting Position _____
Date Ended _____	Ending Wage _____	Ending Position _____
Name of Supervisor/phone #: _____		
May we contact your former employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Responsibilities _____ _____		
Reason for leaving _____		

Attach additional information if necessary.

<p><b>AGREEMENT AND SIGNATURE</b></p> <p>I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. Global Home Care is hereby authorized to make any investigations of my prior educational and employment history.</p> <p>I understand that employment at Global Home Care is “at will,” which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor of Global Home Care, other than the Director/ Administrator, has any authority to alter the foregoing.</p> <p>I agree to perform my duties to the best of my ability in respect of VA Medicaid rules and regulations and to Global Home Care internal policies.</p> <p>Signature: _____</p> <p>Date: _____</p>
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**For Office Use Only:**

Hired Date	Start Date	Salary/Wage

**Remarks**

**Termination Date:**

**Reason:**

EMERGENCY CONTACT:

1- NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ CELL#: \_\_\_\_\_

2- NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ CELL #: \_\_\_\_\_