



# EMPLOYMENT APPLICATION

CONFIDENTIAL  
PLEASE PRINT CLEARLY

HomeCare Maryland, LLC is an Equal Opportunity Employer

**PERSONAL INFORMATION**

Name \_\_\_\_\_ Last 4 of Social Security Number \_\_\_\_\_  
LAST FIRST MIDDLE

Are Employment Or Education Records Pertaining To You Kept Under Any Other Name?  
 Yes  No Home Phone Number \_\_\_\_\_  
If Yes, Full Name \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Present Address \_\_\_\_\_  
Street City State Zip Code

Email Address \_\_\_\_\_

**EMPLOYMENT DESIRED**

|                  |        |  |
|------------------|--------|--|
| Position Desired | Salary | How Did You Learn Of This Opening? _____               |
|                  |        | (Be specific i.e., newspaper, internet, word of mouth) |

Date Available \_\_\_\_\_ If Under 18 Yrs. Of Age, Do You Have a Work Permit?  Yes  No

**EDUCAITON/ TRAINING**

| School      | Name and Address Of School | Did you Graduate?  |
|-------------|----------------------------|--|
| High School |                            | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|             |                            |  |
| College     | Major                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|             |                            |  |

Additional Classes/Training/ Skills: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were you previously employed by HomeCare Maryland?  Yes  No If yes, list dates of employment: \_\_\_\_\_

Are you legally authorized to work for HomeCare Maryland, LLC?  Yes  No

If hired, it will be necessary for you to promptly submit documentation of your identity and right to work for HomeCare Maryland, LLC in the U.S.

**PROFESSIONAL LICENSE AND/ OR CERTIFICATIONS**

| Type | Organization or State Issued | Expiration Date | Number | Verified |
|------|------------------------------|-----------------|--------|----------|
|      |                              |                 |        |          |
|      |                              |                 |        |          |
|      |                              |                 |        |          |
|      |                              |                 |        |          |

Specialized Training/ Certifications: \_\_\_\_\_

## EMPLOYMENT HISTORY

**List the last four jobs you have held, starting with your present (or most recent) job:** If you have no prior work experience, please provide in the space below the name, address, and phone number of three personal references we may contact.

|   |                                       |  |
|---|---------------------------------------|--|
| Name of Present or Last Employer  | Dates Employed<br>From:               | To:  |
| Address (Street, City, State, Zip Code)   | Phone                                 |  |
| Position Title  | Immediate Supervisor's Name and Title |  |
| Job Description & Responsibilities:   |                                       |  |
|   |                                       | Employment Status:<br><input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> PRN |
| May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain: |                                       |  |
| Reason for Leaving:   |                                       |  |

|   |                                       |  |
|---|---------------------------------------|--|
| Name of Next Previous Employer          | Dates Employed<br>From:               | To:  |
| Address (Street, City, State, Zip Code) | Phone                                 |  |
| Position Title                          | Immediate Supervisor's Name and Title |  |
| Job Description & Responsibilities:     |                                       |  |
|   |                                       | Employment Status:<br><input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> PRN |
| Reason for Leaving:                     |                                       |  |

|   |                                       |  |
|---|---------------------------------------|--|
| Name of Next Previous Employer          | Dates Employed<br>From:               | To:  |
| Address (Street, City, State, Zip Code) | Phone                                 |  |
| Position Title                          | Immediate Supervisor's Name and Title |  |
| Job Description & Responsibilities:     |                                       |  |
|   |                                       | Employment Status:<br><input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> PRN |
| Reason for Leaving:                     |                                       |  |

|   |                                       |  |
|---|---------------------------------------|--|
| Name of Next Previous Employer          | Dates Employed<br>From:               | To:  |
| Address (Street, City, State, Zip Code) | Phone                                 |  |
| Position Title                          | Immediate Supervisor's Name and Title |  |
| Job Description & Responsibilities:     |                                       |  |
|   |                                       | Employment Status:<br><input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> PRN |
| Reason for Leaving:                     |                                       |  |

## AVAILABILITY INFORMATION

1. Are you available to work:
 

|          |  |          |  |
|----------|--|----------|--|
| Weekends | <input type="checkbox"/> Yes <input type="checkbox"/> No | Holidays | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Weekdays | <input type="checkbox"/> Yes <input type="checkbox"/> No | On Call  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
2. How Many years experience do you have in home health care? \_\_\_\_\_
3. Do you plan to maintain a position with any other organization while employed at HomeCare Maryland?
   
 Yes  No
4. Do you have reliable means of transportation?  Yes  No
5. Do you have any other responsibilities which may interfere with your ability to arrive at work on time and remain at work throughout each regularly scheduled workday?  Yes  No
  - a. If yes, please explain: \_\_\_\_\_
6. Do you have any criminal charges presently pending against you?  Yes  No
   
 Note that such charges will not necessarily prevent employment.
   
 If yes, describe the facts and circumstances, and give dates and locations: \_\_\_\_\_
7. Have you ever been convicted of a crime, pled no contest to criminal charge, accepted probation before judgement, or had an similar disposition of a criminal charge filed against you?  Yes  No
   
 Note that a criminal record will not necessarily prevent employment. We will consider the nature of the offense and relevant circumstances.
   
 If yes, describe the facts and circumstances, and give the dates and locations: \_\_\_\_\_
8. Have you ever been convicted of (1) cruelty to persons or (2) assault of a victim? (1)  Yes  No
   
 If so, please describe the offense, the date and place of the conviction, and the underlying (2)  Yes  No
   
 Circumstances or other information to help us evaluate your current fitness for employment: \_\_\_\_\_
9. Have you ever been convicted and/or been found guilty by a court or a state of
   
 (1)Abusing, neglecting or mistreating a resident of a skilled nursing/ LTC, other health institution or in a home health environment?
   
 (2)or misappropriating property of a resident of a skilled nursing/ LTC, other health institution or in a home health environment in this state or any other state?
 

|     |  |
|-----|--|
| (1) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (2) | <input type="checkbox"/> Yes <input type="checkbox"/> No |

  
 If so, please describe the offense, the date and place of the conviction, and the underlying circumstances or other information to help us evaluate your current fitness for employment: \_\_\_\_\_
10. Are you aware of any investigation, past or present, regarding your professional conduct or status, which has been conducted by any government entity or professional licensing board?  Yes  No
11. Have you ever been denied a license or the privilege of taking an examination by any professional licensing board of licensing agency?  Yes  No
12. Has a license of any type issued to you by any professional licensing board or agency ever:
 

|  |  |
|--|--|
| -been denied, revoked, suspended, limited or restricted;                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| - had probationary terms or any other disciplinary action placed against it; | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| - been subject to a public or private consent order, or;                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| -otherwise been subject to an adverse action by any licensing authority?     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
14. Have you ever voluntarily or otherwise surrendered any professional license?  Yes  No

**APPLICANT'S STATEMENT**

- 1. A. Have you ever been excluded, suspended, debarred or otherwise deemed ineligible to participate in any Federal and/ or State healthcare program or Federal procurement program?  Yes  No
- B. If so, have you been reinstated in a healthcare procurement program after a period of exclusion, suspension, debarment or ineligibility?  Yes  No  Not Applicable
- C. Have you ever been convicted of a criminal offense related to the provision of healthcare or procurement of items or services?  Yes  No

If you answered "yes" to any of these questions, please provide all applicable details on a separate sheet.

I hereby certify that my answers to the above questions are true.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

- 2. If I am employed, I hereby authorize representatives or agents of my employer to review, on an on-going basis throughout my employment, (i) data bases and other sources containing information regarding my continued eligibility for employment as required by state or federal laws or programs and (ii) data bases and other sources containing information which could be relevant to my employment.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

I understand HomeCare Maryland, LLC will use the information contained in this application as one of the factors in making its decision whether to offer me employment. I certify that the facts contained in this application are true and complete to the best of my knowledge and I have not withheld any fact or circumstance which could, if disclosed, affect consideration of my application. I understand that any false or misleading statement or any material omission in this application will be grounds for rejection of my application or (if have been hired) for my immediate dismissal.

I authorize investigation of all statements contained in this application, information concerning my previous employment, and any other information, personal or otherwise. I release all parties from liability for any damage that may result from furnishing information and opinions to HomeCare Maryland, LLC. I release and indemnify HomeCare Maryland, LLC (and its agents) against any liability that may result from making such an investigation.

I agree to take drug/ alcohol tests as required by HomeCare Maryland, LLC.

If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that HomeCare Maryland, LLC retains a similar right.

**MY SIGNATURE BELOW INDICATES THAT I HAVE READ, UNDERSTAND, AND AGREE TO THE ABOVE STATEMENTS.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_