

# HOMECENTRIS HEALTHCARE, LLC

## EMPLOYMENT APPLICATION

*Please read carefully and complete ALL information.*

We appreciate your interest in HomeCentris Healthcare, LLC. HomeCentris Healthcare and its subsidiaries (collectively "HomeCentris" or "Company") are equal employment opportunity employers. Our policy is not to discriminate against any applicant or employee based on race, color, sex, religion, national origin, age (40 and over), disability, marital status, military and veteran status, disability, sexual orientation, gender identity, genetic information, disability or any other basis protected by applicable federal, state, or local laws. We also prohibit harassment of applicants or employees based on any of these protected categories. It is also our policy to comply with all applicable federal, state and local laws respecting consideration of unemployment status in making hiring decisions.

Please select the HomeCentris company (or companies) to which you are applying:

- HomeCentris Personal Care     
  HomeCentris Home Health     
  HomeCentris Community Care

<b>PERSONAL INFORMATION</b>				
Current Last Name	First Name	Middle	(All other last names, if applicable)	
Street Address	Apt. #	City	State	Zip
Home Phone Number	Cell Phone Number	E-mail Address		

<b>ADDRESS HISTORY: Please provide address history for previous seven (7) years</b>			
Street Address	City	State	Years at Address

### POSITION INFORMATION/REQUESTS

Position(s) Applying For	Salary Requested
<b>Shift(s) Request</b> <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	<b>Status Request</b> <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> PRN

### REFERRAL INFORMATION

<b>Referral Source</b> <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Other <input type="checkbox"/> Employment Agency <input type="checkbox"/> Walk In <input type="checkbox"/> Relative
If referred by current Personal Home Care employee, please list his/her name:

### QUESTIONS

Have you completed an application for employment here before? ---->	<input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, when? ___/___/___
Have you been employed by our company before? ---->	<input type="checkbox"/> Yes <input type="checkbox"/> No   If yes - From ___/___/___ To ___/___/___
Are you currently employed? ---->	<input type="checkbox"/> Yes <input type="checkbox"/> No   If yes - Where? _____
May we contact your current employer? ---->	<input type="checkbox"/> Yes <input type="checkbox"/> No
What date are you available for work? ---->	___ / ___ / ___
If you are under 18 years of age, do you have a work permit? --->	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Upon employment, can you furnish proof of your legal authorization to work in the USA? --->	<input type="checkbox"/> Yes <input type="checkbox"/> No

## EDUCATION

Education Level	Name/Location of School	Major	Graduated	GPA
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No (date degree expected: _____)	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No (date degree expected: _____)	
Graduate School			<input type="checkbox"/> Yes <input type="checkbox"/> No (date degree expected: _____)	
Trade/Other Training:			<input type="checkbox"/> Yes <input type="checkbox"/> No (date degree expected: _____)	

## EMPLOYMENT HISTORY – Begin with current or most recent position

	Employer's Name/Address	Position (s)	Employment Dates	Salary	Supervisor Name/Title	Reason for Leaving
1.						
2.						
3.						
4.						
5.						
6.						
7.						

## PROFESSIONAL LICENSES/CERTIFICATES

	Type	License Number	Presently Valid? (Y/N)	Issued by Organization/State	Expiration Date
1.					
2.					
3.					
4.					

## PROFESSIONAL REFERENCES

Name	Professional Relationship	Company Address	Telephone
	<input type="checkbox"/> Supervisor <input type="checkbox"/> Colleague <input type="checkbox"/> Other		
	<input type="checkbox"/> Supervisor <input type="checkbox"/> Colleague <input type="checkbox"/> Other		
	<input type="checkbox"/> Supervisor <input type="checkbox"/> Colleague <input type="checkbox"/> Other		

## BACKGROUND INFORMATION

*A conviction, plea, or discharge will not necessarily be a bar to employment.*

Have you been convicted of a felony or pled guilty or no contest to a felony that has NOT been sealed, expunged, dismissed, or shielded under the Maryland Second Chance Act?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	If "Yes", please describe in full detail:
Have you ever been discharged, suspended or asked to resign from any position?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	If "Yes", please describe in full detail:

## APPLICANT'S CERTIFICATION – Please read carefully before signing.

I hereby certify all answers on this application are true and correct to the best of my knowledge and belief. I understand that any misrepresentation will be considered cause for rejection of this application or dismissal from employment. I understand and agree that, if employed, such employment may be terminated at any time, without prior notice, and that my employment will not be governed by any expressed or implied contract, but is at-will.

I authorize my current and former employers, educational institutions, governmental agencies, references and others named in this application and accompanying documents to disclose all information and opinions about me that may be lawfully disclosed.

I acknowledge that HomeCentris and its subsidiaries maintain a drug free workplace and may require applicants to undergo urinalysis screening for drug or alcohol use as part of a pre-placement physical examination. I authorize the test results to be released to the Human Resources designee or designated supervisor/manager on a need-to-know basis. I acknowledge that refusing to submit to such screening will cause my application for employment to be rejected.

If employed, I agree to comply with all company policies, practices, and safety guidelines. I will report all suspected violations related thereto, and will conduct the Company's business in a strictly ethical, professional, and legal manner. I understand and agree that all programs, benefits, policies and practices of the Company may be subject to exceptions or change at any time, with or without notice, as determined by the Company.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## POLYGRAPH PROTECTION NOTICE

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

Applicant's Name \_\_\_\_\_

Applicant's Signature \_\_\_\_\_