



Employment Application

Personal Information

Name

| | | | |
|-------------------|-------|-----------------|------|
| Last | First | Middle Initial | Date |
| Social Security # | Phone | Alternate Phone | |

Please list addresses for the past three (3) years:

| | | | | |
|-------------------|--------|------|----|-----|
| Previous Address: | Street | City | ST | Zip |
| Previous Address: | Street | City | ST | Zip |

Job Interest

| | | |
|---|--|-----------------|
| Position Applied For: | Date Available: | Salary Desired: |
| Currently Employed? Yes No | May we contact your present employer? Yes No | |
| Have you ever been employed by TenderCare before? Yes No | If Yes, give date: | |
| Are you currently on "lay-off" status and subject to recall? Yes No | Will travel if required? Yes No | |
| Best time to contact you: | Referred by: | |

Education

| | | | |
|-------------------------|------|----|-----------------------------------|
| High School: | City | ST | Diploma/GED |
| College: | City | ST | Major Degree |
| Other (Please specify): | | | |



General Information

Have you ever been convicted of a felony or misdemeanor? Does not include any traffic violations, juvenile offenses or military convictions except by general court martial. (Note: Convictions are not necessarily a bar to employment).

Yes No If yes, explain: _____

Are you a US citizen or can you establish that you are authorized to work in the US? Yes No _____

Do you have the physical ability to perform all essential functions of the position for which you are applying?

Yes No If no, explain: _____

Are you proficient in any other languages? Yes No

If yes, explain: _____

Are you available to work weekends? Yes No What days or hours are you available?

Are you available for "on call" status? Yes No What days or hours are you available?

Have you had any accident or traffic citations within the last 3 years? Yes No

If Yes, please explain: _____

Employment History

Beginning with the most recent, please describe your employment history. If additional space is required, please attach.

| | | | |
|---------------------|-------------------|---------------------------|------------|
| Employer | Position | From | To |
| Address | City | ST | Zip |
| Phone Number | Supervisor | Reason for leaving | |
| Job Duties | | | |

| | | | |
|---------------------|-------------------|---------------------------|------------|
| Employer | Position | From | To |
| Address | City | ST | Zip |
| Phone Number | Supervisor | Reason for leaving | |
| Job Duties | | | |

| | | | |
|---------------------|-------------------|---------------------------|------------|
| Employer | Position | From | To |
| Address | City | ST | Zip |
| Phone Number | Supervisor | Reason for leaving | |



References

Please list three personal or business references, other than relatives.

| Name and Occupation | City / State | Years Known | Phone Number |
|---------------------|--------------|-------------|--------------|
| | | | |
| | | | |
| | | | |
| | | | |

I certify that all answers given herein are true and complete. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed and any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also that I am required to abide by all rules and regulations of the employer. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disability Act (ADA) and other relevant federal and state laws.

Signature _____ Date _____



FOR OFFICE USE ONLY

Arrange Interview? Yes No Interviewer _____ Date _____

Remarks _____

Drug Screen / Physical Date _____ Results _____

Date of Employment _____ Position _____ Hourly Rate _____

Approved by _____ Title _____ Date _____



DISCLOSURE AND AUTHORIZATION TO OBTAIN INFORMATION

In connection with my suitability for employment with TenderCare of Virginia, Inc., I authorize TenderCare of Virginia, Inc. to request a consumer and/or investigative consumer report on me for employment purposes. Such reports may include, but are not limited to, information as to my character, general reputation, personal characteristics, and mode of living; discerned through employment and education verifications personal references and interviews; my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations; workers' compensation records after a conditional job offer has been extended and to the extent permitted by law; a social security number trace; present and former addresses; criminal and civil history/records; and any other public record. I authorize any person, business entity or governmental agency that may have information relevant to the above to disclose the same to Company, including, but not limited to, any and all courts, public agencies, law enforcement agencies and credit bureaus. I authorize Company to share such information only with parties in interest who have a "need to know" such information to protect them and their employees. Agencies do not sell or otherwise provide any of the information found in its background investigations to any party other than the Company. I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any consumer report of which I am the subject upon my written request to TenderCare. I also understand that I may receive a written summary of my rights under 15 U.S.C. § 1681 et. seq. I agree that this authorization shall remain in valid for the duration of my employment with TenderCare of Virginia, Inc. I certify that the information contained on this Authorization form is true and correct and that my application or employment may be terminated based on any false, omitted or fraudulent information.

Signature _____ Date _____

IDENTIFYING INFORMATION FOR CONSUMER REPORTING AGENCY

Last Name _____ First Name _____ Middle _____

Other Names Used _____ Years Used _____

Current Address _____

Street / PO Box City State Zip Code County Dates

Previous Address _____

Street / PO Box City State Zip Code County Dates

Social Security # _____ Daytime Phone Number _____

Email Address _____ Driver's License # _____ State _____

Date of Birth _____ Gender _____