



APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

APPLICANT INFORMATION

Last Name			First Name:	M.I.	Date:
Street Address					Apartment/Unit #:
City			State:	ZIP:	
Phone			E-mail Address		
Date Available to start:			Social Security No.:	Desired Salary	
Position Applying for (check one):	HHA/CNA <input type="checkbox"/> RN <input type="checkbox"/> LPN <input type="checkbox"/> PT <input type="checkbox"/> OT <input type="checkbox"/> ST <input type="checkbox"/> MSW <input type="checkbox"/> Other <input type="checkbox"/>				
How did you hear about us?	Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Walk-in <input type="checkbox"/> Employment Agency <input type="checkbox"/> Other <input type="checkbox"/>				
Are you available to work:	Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Per-Diem <input type="checkbox"/> On Call <input type="checkbox"/>				
Days available	Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/>				
Times available	AM: From : To: PM: From: To:				
Will you work overtime if asked?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Can you travel if job requires it?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Driver's license (if application to position)	YES <input type="checkbox"/> NO <input type="checkbox"/>	State:	Driver's License #	Exp. Date:	
Are you prevented from lawfully becoming employed in the United States because of Visa or Immigration Status?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If you are under 18 years of age, can you provide required proof of your eligibility to work?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you currently employed?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	May we contact your employer?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you currently on a "lay-off" status and subject to recall?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Have you ever been employed with us before?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?		
Have you ever filed an application with us before?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?		
Other special training , skills or qualification:					
Do you speak, read or write any foreign languages? YES <input type="checkbox"/> NO <input type="checkbox"/> If Yes, list language(s)					
EDUCATION					
Graduate School			Address		
From:	To:	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree	

College/University			Address		
From:	To:	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree	
Business/Trade/Technical			Address		
From:	To:	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree	
High School			Address		
From:	To:	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree	
Elementary			Address		
From:	To:	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree	
PERSONAL REFERENCES					
<i>Please list three references (who are not related to you).</i>					
(1) Full Name			Relationship		
Company/Business			Phone	()	
Address					
(2) Full Name			Relationship		
Company/Business			Phone	()	
Address					
(3) Full Name			Relationship		
Company/Business			Phone	()	
Address					
EMPLOYMENT: Start with your present or last job. Include any job-related military service assignments and volunteer activities.					
Employer			Phone	()	
Address			Supervisor		
Job Title					
Work Performed					
From:	To:	Reason for Leaving			
May we contact your previous employer for a reference?			YES <input type="checkbox"/> NO <input type="checkbox"/>		
Employer			Phone	()	
Address			Supervisor		
Job Title					
Work Performed					

From:	To:	Reason for Leaving			
May we contact your previous employer for a reference?			YES <input type="checkbox"/> NO <input type="checkbox"/>		
Employer			Phone	()	
Address			Supervisor		
Job Title					
Work Performed					
From:	To:	Reason for Leaving			
May we contact your previous employer for a reference?			YES <input type="checkbox"/> NO <input type="checkbox"/>		
MILITARY SERVICE					
Branch			From		To
Rank at Discharge			Type of Discharge		
CERTIFICATE / LICENSE					
Professional: RN <input type="checkbox"/> LPN <input type="checkbox"/> PT <input type="checkbox"/> OT <input type="checkbox"/> ST <input type="checkbox"/> MSW <input type="checkbox"/> Other <input type="checkbox"/> _____					
Reg. /License: YES <input type="checkbox"/> NO <input type="checkbox"/> State _____ Reg./License # _____ Exp. Date: _____					
CNA Certificate: YES <input type="checkbox"/> NO <input type="checkbox"/> Date : _____					
Home Health Aide Certificate: YES <input type="checkbox"/> NO <input type="checkbox"/> Date : _____					
Homemaker or PCA Training Certificate: YES <input type="checkbox"/> NO <input type="checkbox"/> Date : _____					
DISCLAIMER AND SIGNATURE					
I certify that my answers are true, correct and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.					
Signature				Date	

Victory Home Healthcare, Inc.
 P.O Box 545
 Holyoke, MA 01041-0545
 Phone: (413) 315-3593
 Fax: (413) 315-3088
 www.victoryhhc.com

Applicant Authorization

PLEASE READ AND UNDERSTAND THIS STATEMENT BEFORE SIGNING YOUR APPLICATION

- ❖ Thank you for your interest in employment with Victory Home Healthcare, Inc. Victory Home Healthcare, Inc. is an equal opportunity employer and does not discriminate in employment on the basis of race, religion, gender, gender identity, age, sexual orientation, national origin, or veteran or disability status or any other category protected by applicable law. Victory Home Healthcare, Inc. complies with all applicable laws concerning hiring and employment practices. No questions on this application are intended to secure information to be used for any such discriminatory purpose.
- ❖ If you have any questions regarding the following statements, please ask prior to signing.
- ❖ This application will be given every consideration, but our receipt of it does not imply that you will be offered employment.
- ❖ I understand that if I fail to report to an assignment or client and I neglect to give proper notification, I may be terminated.
- ❖ Upon termination, I authorize the release of reference information regarding my work. I further agree to give proper notice of termination in order to be eligible for Earned Time accrued.
- ❖ By signing your name below, you authorize investigation of all statements contained herein and the reference and employers listed to provide any and all information concerning your previous employment and any pertinent information they may have, personal or otherwise, and release Victory Home Healthcare, Inc. from any liability for any damage that may result from the utilization of such information. You consent to take a physical examination and such future physical examinations as may be required by Victory Home Healthcare, Inc. at such times and places as designated. You understand that an offer of employment maybe contingent on passing the physical examination that relates to the essential duties you would be required to perform.
- ❖ By signing your name below, you certify that all statements made by you on this application are true, correct and complete to the best of your knowledge and that you understand that false, incomplete and misrepresentations or omissions of information of any kind will be sufficient cause for your application to be rejected or may be cause for subsequent dismissal if you are hired.
- ❖ By signing your name below, you understand that nothing contained in the application or in the interview process is intended to create an employment contract between you (the applicant) and Victory Home Healthcare, Inc. Should this application result in your employment, you have a right to terminate your employment at any time and for any reason and Victory Home Healthcare, Inc. may terminate your employment at any time with or without cause and without prior notice, unless required by law. You further understand that no representative of Victory Home Healthcare, Inc. other than an Executive officer has any authority to enter into any agreement with you for any specified period of time or to guarantee some other personal move or benefit and then only in writing signed by such officer. You further understand this entire statement applies to the period prior to and after you may be employed.
- ❖ It is my understanding that a CORI (Criminal Offender Record Information) check will be requested for all potential qualified in-home care providers and performed by the Criminal History System Board as the final step in our screening process prior to employment.
- ❖ This information provided by applicant to Victory Home Healthcare, Inc. is considered current for 90 days only. At the end of this 90 days period, if you were not hired and if you are still interested in employment with our company, it will be necessary for you to reapply by filling out a new application.

I hereby fully acknowledge that I have read, understand, and agree to the above statements.

Signature of Applicant

Date

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