



Ann *Mason* Home Care

Application for Employment

Ann Mason Home Care - AMHC is an Equal Opportunity Home Health Care Agency and EEO/Affirmative Action Employer committed to excellence through diversity. Employment offers are made on the basis of qualifications and without regard to race, sex, religion, national or ethnic origin, disability, age, veteran status, or sexual orientation.

Position Applied For:		Date of Interview (Month/Day/Year):		Hire Date (Month/Day/Year):		
		/ /		/ /		
<input type="checkbox"/> Yes <input type="checkbox"/> No - I give permission to Ann Mason Home Care - AMHC Inc. to conduct a background check per Virginia State Code § 32.1-162.9:1 for "Barrier Crimes". If the answer is NO, Please DO NOT proceed with the application.						
Name (Last, First, Middle Initial):			Home Phone:		Cell Phone:	
Street Address:			Apt:	City & State:		
Social Security Number:			DOB:	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	Email:	
Emergency Contact:	Name:		Relationship:		Phone:	
Do you have a Personal Care Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you a Virginia State-Licensed C.N.A., L.P.N., RN? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please specify:		
Experience in Personal Care? <input type="checkbox"/> Yes <input type="checkbox"/> No		How Long?	Where?		Do you have your own Transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Work Availability:		Shift desired: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends <input type="checkbox"/> Floater				
		<input type="checkbox"/> Temporary <input type="checkbox"/> Permanent <input type="checkbox"/> Per Diem				
		Are you able to do Emergency/Fill In work? <input type="checkbox"/> Yes <input type="checkbox"/> No Holiday Work? <input type="checkbox"/> Yes <input type="checkbox"/> No				
		Do you have reliable, steady transportation to and from work? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are there any assignments that you would not want to do (for example: work for the opposite sex, duties listed in job description, etc?)		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:			
Have you been convicted of any felony or misdemeanor offense?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:			
Are you the subject of pending charges for a criminal offense in the US?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:			
Who Referred You?						
Is there any location(s) you are not willing work?						
Name of School	City/State	Did you Graduate?	If No, # of years left to Graduate	If Yes, Graduation Date	Degree received	Major
High School:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
GED:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other School:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Summarize Special Skills /Qualifications/Credentials/Licenses/Professional Affiliations, etc., which are relevant to the job(s) for which you are applying:						



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Previous Employment (start with most recent position)

Dates of employment: From ___/___/___ To ___/___/___ Position(s) Held: _____

Company Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Supervisor: _____ Title: _____

Responsibilities: _____

Reason for leaving: _____

May we contact for references? Yes No

Dates of employment: From ___/___/___ To ___/___/___ Position(s) Held: _____

Company Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Supervisor: _____ Title: _____

Responsibilities: _____

Reason for leaving: _____

May we contact for references? Yes No

Answers given in this application are true and complete to the best of my knowledge. I authorize investigations of all statements contained in this application for employment as may be necessary in arriving in an employment decision. I understand that this application is not a contract of employment.
*** Any Statements that are false will lead to your immediate termination***

Please Provide 2 (Two) References

Professional Reference: Name _____ Phone _____

Personal Reference: Name _____ Phone _____

Applicant Signature: _____ Date: _____

Submit Application via Fax - 757-456-2714, Email - 73amhc@gmail.com or
Mail to P.O. Box 9153 Virginia Beach, VA 23450