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DBA/**GLOBAL HOME CARE**

EMPLOYMENT APPLICATION

Global Home Care’s policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status and to comply with all federal, state, and local laws and regulations. Be assured that your opportunity for employment with Global Home Care depends solely on your qualifications for the position.

GENERAL INFORMATION

Date: _____

Last name: _____ First name : _____ Middle name: _____

Street Address _____

City: _____ State: _____ ZIP: _____ Home Phone _____

Cell: _____ Social Security #: _____ DOB: _____

Position applied for _____

How did you hear about us? _____

When can you start? _____ Desired Wage \$ _____

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? (You may be required to provide documentation.) Yes No

Are you looking for full-time employment? Yes No

If no, what hours are you available? _____

Are you willing to work 24/7 shift? Yes No

Have you ever been convicted of a felony? (This will not necessarily affect your application.) Yes No

If yes, please describe conditions: _____

Do you speak and write English? Yes No

EDUCATION

School Name:	Location	Year attended	Major	Degree
High School				
College				
Post-College				
Other Training				

In addition to your work history, are there other skills, qualifications or experience that we should consider? _____

EMPLOYMENT HISTORY (Start with most recent employer)

EMPLOYMENT #1

Company Name _____

Address _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor/phone#: _____

May we contact your former employer? Yes No

Responsibilities _____

Reason for leaving _____

EMPLOYMENT #2

Company Name _____

Address _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor/phone#: _____

May we contact your former employer? Yes No

Responsibilities _____

Reason for leaving _____

EMPLOYMENT #3

Company Name _____

Address _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor/phone #: _____

May we contact your former employer? Yes No

Responsibilities _____

Reason for leaving _____

Attach additional information if necessary.

AGREEMENT AND SIGNATURE

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. Global Home Care is hereby authorized to make any investigations of my prior educational and employment history.

I understand that employment at Global Home Care is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor of Global Home Care, other than the Director/ Administrator, has any authority to alter the foregoing.

Signature: _____ Date: _____

For Office Use Only:

Hired Date	Start Date	Salary/Wage
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Remarks

Termination Date:

Reason:

EMERGENCY CONTACT:

1- NAME: _____

ADDRESS: _____

RELATIONSHIP: _____ CELL#: _____

2- NAME: _____

ADDRESS: _____

RELATIONSHIP: _____ CELL #: _____