

Oriental Care LLC



Application for Employment

Personal information

First name _____ Last Name _____ Middle Name _____

Date _____ D.O.B (MM/DD/YYYY) _____ SSN # _____

Present address _____
Street city state zip

Email address _____ Phone # _____

If you are under 18, can you furnish a work permit? ☐ Yes ☐ No

Employment desired ☐ full time ☐ part time ☐ Temp ☐ Seasonal

(Availability) Days of the Week _____ Desired Hours _____

Position _____ Date you can start _____ Salary _____

Are you employed now? _____ If so may we inquire of your present employer? ☐ Yes ☐ No

Ever applied for this company before? ☐ Yes ☐ No If so, when: _____

Are you able to meet the attendance requirements of this position? ☐ Yes ☐ No.

Have you ever been bonded? ☐ Yes ☐ No.

Have you ever been convicted of a felony in the past 7 yrs. ☐ Yes ☐ No

Such conviction may be relevant if job related, but does not bar you from employment. If yes, explain

Driver's license number _____ State _____

Are you legally eligible to work in United States? ☐ Yes ☐ No.

If so, please specify status: _____

Qualification Highlights

Please summarize your competitive skills/experiences relevant to the job:

Licenses, Certificates, or Degrees:

☐ LPN ☐ RN ☐ BSN ☐ NP Other: _____

Work Experience

Please list all employers in recent 5 years in reverse chronological order

- **Most recent or current employer:** From _____ To _____

Employer Name: _____

Address: _____

Phone number: _____

Brief job description:

- **Other employers within the past five years**

From _____ To _____

Employer Name: _____

Address: _____

Phone #: _____

Brief job description:

From _____ To _____

Employer Name: _____

Address: _____

Phone #: _____

Brief job description:

Reference: please list two persons in work places to whom you have known at least 1 year

Name	Relation	Phone#	Years acquainted

Education

Please list all schools/colleges/universities you attended or currently attending

- **Most recent or current school:** From _____ To _____

Institution Name: _____

Address: _____

Phone number: _____

Programs: _____

Degree/Certificate Earned: _____

- **Other educations relevant**

From _____ To _____

Institution Name: _____

Address: _____

Phone number: _____

Programs: _____

Degree/Certificate Earned: _____

From _____ To _____

Institution Name: _____

Address: _____

Phone number: _____

Programs: _____

Degree/Certificate Earned: _____

Communication/Culture

Please list any foreign language(s) and check the box that best describes your skill level:

Language	Read and Write	Read & Speak	Speak Only

Emergency Contact:

Name _____ Relationship _____

Phone# _____

Address: _____

INITIAL Conditions of Employment, please read carefully

_____ Reporting to work with impaired abilities; or the possession, consumption or distribution of drugs or alcohol on company premises and/or worksites, shall be grounds for disciplinary action, including discharge. A condition of employment includes willingness on the part of the applicant or employee to agree to physical examination, polygraph and/or substance testing, if required by the company. We are committed to operating a drug free workplace. Violations of our drug and alcohol policy will result in dismissal.

_____ It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's services, if I have been employed. Furthermore, I understand that I am free to resign anytime, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary.

_____ I give the employer the right to investigate all police, driving, and personal records and references, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

_____ The Employer is an Equal Opportunity Employer. The Employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law.

_____ Any controversy of any kind arising between the parties under this agreement or otherwise (or any agent, officer, director or affiliate of any party), including but not limited to common law, statutory, tort or contract claims, will be submitted to mediation, and failing settlement in mediation, to binding arbitration. Unless otherwise agreed, a mediation and arbitration designated by staff professionals will govern any mediation and arbitration. The parties will select the mediator or arbitrator from the designated company. Panel of mediators and will notify the designated company, in writing, to initiate the selection process. The arbitration will be subject to and governed by the provisions of the Federal Arbitration Act. 9 U.S.C. Section 1-et seq. The parties hereto stipulate that this agreement involves matters affecting interstate commerce.

_____ This application is effective for 60 days. At the conclusion of this time, if I have not heard from the Employer and still wish to be considered for employment, it will be necessary to fill out a new application.

Applicant Signature

Date

APPLICANT PROFESSIONAL REFERENCE CHECK

Oriental Care LLC. has my authorization to check my work/professional reference as below:

APPLICANT NAME (print): _____

APPLICANT SIGNATURE: _____ DATE: _____

Contact Name: _____ Relationship: _____

Job Title: _____ Company Name: _____

Contact Phone#: _____ Fax: _____ Email: _____

Mr. / Mrs. _____ is seeking employment with our company. It is our policy to ask for references prior to employment. Please complete this form for our records **and sign below**. We would greatly appreciate your assistance.

PLEASE VERIFY EMPLOYMENT DATES:

From: _____ To: _____ (MM/YYYY)

Evaluation Criteria	Excellent	Good	Fair	Poor
Punctuality	☐	☐	☐	☐
Interpersonal Communication	☐	☐	☐	☐
Hands-on Nursing Skill	☐	☐	☐	☐
Ability to Work Independently	☐	☐	☐	☐
Professional Ethics	☐	☐	☐	☐
Overall Quality of Work	☐	☐	☐	☐

Would you rehire the applicant? ☐ YES ☐ NO

Company Contact Name & Signature: _____ Date: _____

****OFFICE USE ONLY****

INFORMATION WAS RECEIVED BY: ☐ Phone ☐ Mail ☐ Fax

Signature of Agency Representative & Title

Date

APPLICANT PROFESSIONAL REFERENCE CHECK

Oriental Care LLC. has my authorization to check my work/professional reference as below:

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Interpersonal Communication	☐	☐	☐	☐
Hands-on Nursing Skill	☐	☐	☐	☐
Ability to Work Independently	☐	☐	☐	☐
Professional Ethics	☐	☐	☐	☐
Overall Quality of Work	☐	☐	☐	☐

Would you rehire the applicant? ☐ YES ☐ NO

Company Contact Name & Signature: _____ Date: _____

****OFFICE USE ONLY****

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Signature of Agency Representative & Title

Date

**CRIMINAL HISTORY SEARCH
CONSENT FORM**

NAME: _____ DATE: _____

I, _____, have no pending charges within or outside the Commonwealth of Virginia and have had no prior convictions of an offense described in the **Health and Safety Code** which would bar or potentially bar employment as listed below.

CRIMINAL HOMICIDE**KIDNAPPING & FALSE IMPRISONMENT****INDECENCY WITH A CHILD****AGREEMENT TO ABDUCT FROM CUSTODY****SOLICITATION OF A CHILD****SALE OR PURCHASE OF A CHILD****ARSON****ROBBERY****AGGRAVATED ROBBERY****ASSAULTIVE OFFENSES****BURGLARY & CRIMINAL TRESPASS****THEFT****WEAPONS****FRAUD****PUBLIC LEWDNESS****INDECENT EXPOSURE****PUBLIC INDECENCY****A FELONY VIOLATION OF A STATUTE
INTENDED TO CONTROL THE POSSESSION
OR DISTRIBUTION OF A SUBSTANCE
(VIRGINIA CONTROLLED SUBSTANCE ACT)**

I UNDERSTAND THAT THE HOME HEALTH AGENCY IS REQUIRED TO CONDUCT A CRIMINAL HISTORY CHECK BEFORE OFFERING ME EMPLOYMENT. I, THE UNDERSIGNED, HEREBY AUTHORIZE THIS AGENCY TO CONDUCT AND VERIFY MY CRIMINAL HISTORY BY PERFORMING A CRIMINAL HISTORY CHECK.

*SIGNATURE OF APPLICANT*_____
AGENCY SIGNATURE



SWORN STATEMENT FOR JOB APPLICANTS

Full Name: _____

Address: _____

_____, _____, _____
City State/Province Zip/Postal

Phone: _____ Email: _____

Regulation:

Section § 32.1-162.9:1 of the Code of Virginia requires that any applicant for employment with a licensed home care organization shall provide the hiring facility with a sworn statement or affirmation disclosing (1) any criminal convictions or any pending criminal charges, whether within or outside the Commonwealth of Virginia; and (2) whether the applicant has been the subject of a founded complaint of child abuse or neglect within or outside the Commonwealth of Virginia. Such conviction may be relevant if job related but does not bar you from employment.

Further dissemination of the information provided pursuant to this section is prohibited other than to a federal or state authority or court as may be required to comply with an express requirement of law for such further dissemination.

1. Have you ever been convicted of any crime within or outside Virginia?

☐ Yes (in Virginia) ☐ Yes (outside Virginia) ☐ No

2. Have you ever been the subject of a founded complaint of child abuse or neglect within or outside Virginia?

☐ Yes (in Virginia) ☐ Yes (outside Virginia) ☐ No

3. Are you the subject of any pending criminal charges within or outside Virginia?

☐ Yes (in Virginia) ☐ Yes (outside Virginia) ☐ No

If you answered "yes" to any of the questions above, please explain. Otherwise please enter "N/A":

Affirmation: I hereby affirm that the information provided on this form is true and complete. I understand that the information is subject to verification. I understand that any person making a materially false statement on this form shall be guilty of a Class 1 misdemeanor.

Signature: _____ Date: _____

Oriental Care LLC Hiring Process

Credentials needed before Hiring:

- Complete Application Forms
- State ID or Drivers License
- PPD or Chest X-Ray Test
- Physicals
- CPR Card
- First Aid Card
- Green Card/ USA Passport/ USA Birth Certificate
- Social Security Card
- Professional Certificate
- Professional License
- Resume

Application Review:

- Zoom and in-person Interview
- Background Check
- Employment verification I9
- Professional License Lookup
- Professional Certificate Verification

Upon Hiring:

- Employment Agreements
- Tax Forms Completed (W-4,W-9,VA-4)
- Employee Orientation (In-services on Hire)
 - Employee Handbook
 - Pay Schedule and Time Sheet Memorandum