

APPLICATION FOR EMPLOYMENT – NEIGHORLY HOME CARE

An Equal Opportunity Employer EOE M/F/Disability/Vet)

PERSONAL DATA

NAME: Last: _____ First: _____ Middle: _____

RESIDENCE ADDRESS: _____

MAILING ADDRESS: _____

PHONE: Home: _____ Cell: _____ Work: _____

Position(s) Desired: _____ Date Available: _____

Specify the hours & days that you are not able to work: _____

Are you legally authorized to work in the United States? YES: _____ NO: _____

Have you ever been employed or received education under a different name? YES: _____ NO: _____

If yes to using a different name, please identify the name: _____

Have you ever been terminated from a position for reasons other than economic layoff? YES: _____ NO: _____

If yes for being terminated, explain (use bottom of page if necessary): _____

Are you 18 years old or older? YES: _____ NO: _____

Personal Email Address: _____

Have you ever applied to or worked for Neighborly Home Care before? YES: _____ NO: _____

Are you CNA certified? YES: _____ NO: _____

Do you have reliable transportation to get to the home of patients? YES: _____ NO: _____ Explain: _____

Would you be willing to drive a patient to an appointment in your personal vehicle? YES: _____ NO: _____

If yes, do you have an active driver's license? YES: _____ NO: _____

If yes, do you have active auto insurance? YES: _____ NO: _____

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EMPLOYMENT HISTORY

1. Current/Last Employer: _____

Address: _____ Company Phone #: _____

Employed Dates From: _____ To: _____ Position: _____

Supervisor's Name & Title: _____ May we contact Employer for a reference? _____

Reason for Leaving: _____

Starting Salary: \$ _____ Ending Salary: \$ _____

Do you have any post-employment restrictions with this Employer such as a Non-Compete Agreement or a Non-Solicitation Agreement? _____ If yes, explain: _____

2. Next Employer: _____

Address: _____ Company Phone #: _____

Employed Dates From: _____ To: _____ Position: _____

Supervisor's Name & Title: _____ May we contact Employer for a reference? _____

Reason for Leaving: _____

Starting Salary: \$ _____ Ending Salary: \$ _____

Do you have any post-employment restrictions with this Employer such as a Non-Compete Agreement or a Non-Solicitation Agreement? _____ If yes, explain: _____

3. Next Employer: _____

Address: _____ Company Phone #: _____

Employed Dates From: _____ To: _____ Position: _____

Supervisor's Name & Title: _____ May we contact Employer for a reference? _____

Reason for Leaving: _____

Starting Salary: \$ _____ Ending Salary: \$ _____

Do you have any post-employment restrictions with this Employer such as a Non-Compete Agreement or a Non-Solicitation Agreement? _____ If yes, explain: _____

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4. Next Employer: _____

Address: _____ Company Phone #: _____

Employed Dates From: _____ To: _____ Position: _____

Supervisor's Name & Title: _____ May we contact Employer for a reference? _____

Reason for Leaving: _____

Starting Salary: \$ _____ Ending Salary: \$ _____

Do you have any post-employment restrictions with this Employer such as a Non-Compete Agreement or a Non-Solicitation Agreement? _____ If yes, explain: _____

EDUCATION

High School (HS) Name: _____

HS City & State: _____ Do you have a Diploma or GED? YES: _____ NO: _____

College Name: _____

College City & State: _____ Did you graduate? YES: _____ NO: _____

List College Degrees: _____

Other School Name: _____

City & State: _____ Did you graduate? YES: _____ NO: _____

Degree/Certificate: _____

REFERENCES

1. Name of Supervisor: _____ Phone: _____

Company that you worked for, with this reference: _____

2. Name of Supervisor: _____ Phone: _____

Company that you worked for, with this reference: _____

3. Name of Subordinate or Peer: _____ Phone: _____

Company that you worked for, with this reference: _____

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SIGNATURE & AUTHORIZATION

I certify that all the information submitted by me on this Application, in any other documents (e.g., resume, letters of reference, etc.), or verbally in conversations are true and complete. I understand that if I receive an offer of employment and/or am employed, any misrepresentation, false information, or omission made by me in this Application, in any other document, or in any written or verbal information provided by me in connection with my employment is sufficient reason for the cancellation of this Application, the revocation of any offer of employment, and/or immediate discharge from Neighborly Home Care (NHC), whenever the misrepresentation, false information, or omission is discovered. I understand that employment with NHC will be contingent upon acceptable outcomes of personal and employment reference checks and employment background checks (i.e., contacts with former employers), which if not positive in content and character may prevent NHC from hiring me or may cause NHC to rescind an offer of employment.

I hereby authorize, without reservation, NHC and NHC's representatives to conduct any personal and employment reference and/or employment background check, **excluding any criminal background checks and any checks through a Consumer Reporting Agency (CRA) as defined by the Fair Credit Reporting Act (FCRA) and which must be authorized in a separate document**, by contacting any source and obtaining any and all personal, work-related, employment, and/or financial information about me from all current and former employers, references, educational institutions, internet sites, coworkers, acquaintances, friends, relatives, governmental agencies, organizations, etc. and to otherwise obtain information and/or verify the accuracy of information (1) contained in this Application, (2) provided by me in writing in any document, (3) provided by me orally in conversations, (4) about me, my character, behaviors, habits, personality, performance, reason for separation, etc., and/or (5) to conduct an employment background check on me. Additionally, (a) I hereby authorize and release from any and all claims, demands, or liabilities without reservation, NHC and NHC's representatives for seeking, gathering, and/or using such personal, work-related, employment, and/or financial information, and (b) hereby authorize and release from any and all claims, demands, or liabilities without reservation, all persons, corporations, or organizations that furnish such personal, work-related, employment, and/or financial information on or about me, excluding any CRA as noted above.

If I will be driving NHC vehicles or using my personal vehicle for NHC business, I hereby authorize, without reservation, NHC and NHC's representatives to contact and obtain information about my driving record from the Department of Motor Vehicles of the State from which my driver's license was issued and/or from Insurance Industry Records. I hereby release from liability, without reservation, NHC and NHC's representatives for seeking, gathering, and/or using such information and release from liability, without reservation, all other persons, corporations, or organizations for furnishing such information, excluding any CRA. If I am hired and if the job for which I am hired requires any driving, I understand that I may be rejected for employment or dismissed from NHC employment, as determined by NHC, if I do not (1) maintain a valid driving license and (2) have a driving record that is acceptable to NHC and/or NHC's insurance company.

I agree to submit to testing for alcohol and other substances (legal or illegal) if requested at any time prior to or during the course of my employment with NHC. I understand that my refusal to submit to or failing such testing may result in cancellation of this Application, the revocation of an offer of employment, and/or discharge.

It is unlawful to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law may be subject to criminal penalties and civil liability.

I understand that this is an Application For Employment and NOT an Employment Contract. I understand that no Employment Contract is being offered to me by NHC. I understand that neither this Application nor any other documents received from NHC including but not limited to NHC Employee Handbook/Manual, benefits booklets, written policies, etc. are intended to create, nor will I construe such documents as creating, an express or implied contract of employment for a specific period of time. I agree that if employed, my employment, compensation, and/or benefits may be terminated with or without notice, at any time, at the option of either myself or NHC, consistent with an at-will employment arrangement, barring any written contractual agreements to the contrary. I understand that no NHC representative, other than the President of NHC in a signed document entitled "Employment Contract," has the authority to enter into any employment agreement for any specified period of time or to make any agreement contrary to the foregoing at-will employment arrangement.

I also understand that if I am hired, I will be required to provide proof of identity such as a valid driver's license, a social security card, legal work authorization, etc.

I agree that during the NHC recruitment process and if I am hired by NHC, I will NOT bring, disclose, or use any confidential or proprietary information or trade secrets from any former employer.

This Application is current for only one (1) year from the date handwritten below.

Signature of Applicant: _____