

Home Suite Home Care LLC

Office: (336) 918-5952/336-926-2384

PERSONAL

Last Name	First	Middle	Maiden Name
Street Address			City, State, Zip
Home Telephone ()			
Social Security Number	Date of Birth	Resume Attached? ____ Yes ____ No	Business Telephone ()
Are you related to anybody now working for HSHC? ____ Yes ____ No If yes, whom: _____ Relationship: _____			
Have you ever applied for employment with us? ____ Yes ____ No If yes, year: _____			
Are you legally eligible for employment in the United States?		When are you available to begin work?	
Are you 21 years or older? ____ Yes ____ No			

POSITION(S) DESIRED

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EDUCATION AND TRAINING (Please include copy of transcripts, originals will be required upon employment)

School	Name/Location	Dates Attended From (mo/yr) - To (mo/yr)	Graduate? Yes/No	Course of Study	Type of Degree Received
High School					
College or University					
Business Technical					
Graduate					

Other special training or skills (languages, machine operation, etc.)

____ Sign Language ____ Foreign Language (specify _____) ____ Braille Skills ____ Dictation
 ____ Medical Transcription ____ Typing (specify wpm _____) ____ Calculator ____ Shorthand
 Software (Circle): Word Excel Desktop Publishing Windows
 Other: _____

List fields of work for which you are licensed, registered, or certified:

Registration _____ State _____ Number _____ Date _____
 Registration _____ State _____ Number _____ Date _____

MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS

PERSONNEL USE ONLY	DISTRIBUTED TO:	

Applicant Name: _____

EMPLOYMENT HISTORY (Please give accurate, complete full-time and part-time employment. Start with your present or most recent employer. **(SEE RESUME is not acceptable.)**)

Current or Last Employer:		Job Title:	
Address:		Starting Salary	\$ Per
Supervisor: Telephone:		Current/Ending Salary	\$ Per
Reason for Leaving:		May we contact employer before offer?	
Employed (state month/year) Full Time: From _____ To _____ Part Time: From _____ To _____ If part time, hours per week? ()	List major duties: _____ _____ _____ _____ If supervisor responsibility, number of employees supervised by you: _____		
Employer:		Job Title:	
Address:		Starting Salary	\$ Per
Supervisor: Telephone:		Current/Ending Salary	\$ Per
Reason for Leaving:			
Employed (state month/year) Full Time: From _____ To _____ Part Time: From _____ To _____ If part time, hours per week? ()	List major duties: _____ _____ _____ _____ If supervisor responsibility, number of employees supervised by you: _____		
Employer:		Job Title:	
Address:		Starting Salary	\$ Per
Supervisor: Telephone:		Current/Ending Salary	\$ Per
Reason for Leaving:			
Employed (state month/year) Full Time: From _____ To _____ Part Time: From _____ To _____ If part time, hours per week? ()	List major duties: _____ _____ _____ _____ If supervisor responsibility, number of employees supervised by you: _____		
Employer:		Job Title:	
Address:		Starting Salary	\$ Per
Supervisor: Telephone:		Current/Ending Salary	\$ Per
Reason for Leaving:			
Employed (state month/year) Full Time: From _____ To _____ Part-Time: From _____ To _____ If part-time, hours per week? ()	List major duties: _____ _____ _____ _____ If supervisor responsibility, number of employees supervised by you: _____		

Applicant Name: _____

Home Suite Home Care LLC

Describe your three best attributes. What do you like about yourself?

1.

2.

3.

What is your personal history or background that is a source of pride to you?

What would your last employer tell us about you?

What would be the perfect job for you?

What do you want to be doing in five years?

Have you ever been convicted of an offense against the law other than a minor traffic violation? (A conviction does not mean you cannot be hired. The offense and how recently you were convicted will be evaluated in relation to the job for which you are applying.)

☐ Yes ☐ No (If yes, explain fully on an additional sheet.)

Have you ever been convicted of a felony? ☐ Yes ☐ No

Have you ever applied for Worker's Compensation? ☐ Yes ☐ No If so, why?

Have you served in the U.S. Armed Forces? ☐ Yes ☐ No
If yes, were you discharged honorably? ☐ Yes ☐ No
Are you a member of the Military Reserves? ☐ Yes ☐ No

Check the types of work you will accept:

☐ Full-Time ☐ Part-Time

☐ Any of the Above

Salary Expectations: \$ _____

From whom or where did you learn of our agency and this vacancy? _____

Typical work activities may include changes in work location, position, duties assigned, and work schedules that best fit current needs. No condition of employment is guaranteed but is subject to change to best fit the needs of the agency and the customers served. At some point in your "at will" employment you may be directly involved in this type of activity.

Potential Employee:

As a prerequisite of employment with Home Suite Home Care LLC it is necessary for us to request an MVR (Driver's License/Driving Record Check). Current licensing privileges and past driving history must be evaluated in order for us to better determine certain details of employment requirements/insurance coverage with Home Suite Home Care LLC

☐ I permit Home Suite Home Care LLC to request an MVR pertaining to my current licensing privileges and Driving Record History.

☐ I **do not** permit Home Suite Home Care LLC to request an MVR pertaining to my current licensing privileges and Driving Record History.

PRE-EMPLOYMENT INQUIRIES RELEASE AND CONSENT

In connection with my application for employment (including contract for services) with Home Suite Home Care LLC, I, the undersigned, understand and consent that a consumer report which may contain public record information will be requested. This report may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, etc. I further understand that such a report may contain public record information concerning my driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state, and other agencies that maintain such records.

I authorize, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. A facsimile or other copy of this release/consent bearing my signature is as valid as the original. For purposes of gathering this information, I agree to supply the following information:

(Please print the following information.)

Last Name	First	Middle	Maiden
Current Address:		SS#:	
City/State/Zip:		County:	
Previous Address, If at Above Address Less Than 3 Years:			
Date of Birth:	Race:	Sex:	
Drivers License #:	State of Issue:	Date Issued:	
I hereby fully release and discharge the above-named employer, their respective affiliates, subsidiaries, directors, officers, employees, agents, and attorneys thereof, and each of them, and any individual, organization, entity, agency, or other source providing information to the above-named employer, from all claims and damages arising out of or relating to any investigation of my background for employment purposes. I have the right to make a request, upon proper identification, of all the information obtained from the consumer report agency.			
Date:		Signature:	
Equal Opportunity Employment Information (This information is voluntary) Home Suite Home Care LLC's policy prohibits discrimination based on race, sex, color, creed, national origin, age, or handicap. Sex, age, or absence of handicap is a bona fide occupational qualification in a small number of jobs. The information requested below will in no way affect you as an applicant. Its sole use will be to see how well our recruitment efforts are reaching all segments of the population.			
Ethnic Group: _____ White (non-Hispanic) _____ Black (non-Hispanic) _____ American Indian (including Alaskan native) _____ Hispanic (Mexican, Puerto Rican, Cuban, Central) _____ Asian (including Pacific Islander) _____ South American, or other Spanish origin			
Gender Identity: _____ Male _____ Female _____ Non-binary _____ Genderqueer _____ Transgender _____ Prefer not to disclose			
		Are you a U.S. citizen? _____	
Handicap: A handicap is any impairment, which substantially limits one or more major life activities. A handicapped person is one who: (i) actually has such impairment; (ii) has a record of such impairment; or (iii) is regarded as having such impairment. Non-handicapped persons should check None. The reporting of a handicap is strictly voluntary. Handicapped persons who do not wish to report their handicaps should check None/Prefer not to report. Information reported on this form will be maintained only in personnel files, which must be kept confidential under State Law. Public disclosure of this information without your consent would be a violation of G.S. 126-27.		_____ None/Prefer not to report _____ Blind or Visually Impaired _____ Deaf or Hearing Impaired _____ Loss or limited use of arms/legs _____ Non/Semi Ambulatory (use of wheelchair) _____ Respiratory Impairment _____ Nervous System/Neurological Disorder _____ Mental Illness/Emotional Disturbance _____ Mental Retardation _____ Learning Disability _____ Other _____	

I certify that I have given true, accurate, and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorize education institutions, associations, registration and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize the investigation of all statements made in this application and understand that false information or documentation, or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action or dismissal if I am employed, and (or) criminal action. I further understand that dismissal upon employment shall be mandatory if fraudulent disclosures are given to meet position qualifications. (Authority: G.S. 126-30, G.S. 140122.1). I acknowledge that I am aware that. Home Suite Home Care LLC is a Drug-Free workplace and that random drug test as well as pre-employment drug testing is required.

Signature of Applicant (unsigned applications will not be processed) _____

Date _____