

APPLICATION FOR EMPLOYMENT

Home Care Delivered, Inc.

4144-A Innslake Drive
 Glen Allen, VA 23060
 (866) 333-3166 ph (804) 200-7330 fax
www.HomeCareDelivered.com



Home Care
 Delivered, Inc.SM
More than just home delivery™

Home Care Delivered, Inc.

71 Commerce Drive
 Clarksville, VA 23927
 (866) 333-3166 ph (804) 200-7330 fax
www.HomeCareDelivered.com

ALL APPLICATIONS MUST BE FULLY COMPLETED & PRINTED IN INK OR TYPED. RESUME IS NOT SUFFICIENT.

DATE APPLIED:
DATE AVAILABLE:
SALARY EXPECTATIONS:
POSITION DESIRED (1ST CHOICE):
POSITION DESIRED (2ND CHOICE):

HOW DID YOU FIND OUT ABOUT THIS EMPLOYMENT OPPORTUNITY? (Check one)			
<input type="checkbox"/> Newspaper Ad - Which Newspaper? _____	<input type="checkbox"/> HCD Job Opps List	<input type="checkbox"/> Telephone Inquiry	
<input type="checkbox"/> HCD Website	<input type="checkbox"/> Monster.com Ad	<input type="checkbox"/> YahooHotJobs.com Ad	<input type="checkbox"/> CareerBuilder.com Ad
<input type="checkbox"/> HCD Employee - Name _____		<input type="checkbox"/> Other - Please specify _____	

PERSONAL		
LAST NAME:	FIRST:	MIDDLE:
SOCIAL SECURITY NUMBER:		
ADDRESS (NUMBER AND STREET):		
CITY:	STATE:	ZIP:
WORK PHONE (WITH AREA CODE):		HOME PHONE (WITH AREA CODE):
ARE YOU 18 YEARS OF AGE OR OLDER? <input type="checkbox"/> Yes <input type="checkbox"/> No		IF NO, PLEASE INDICATE DATE OF BIRTH:
HAVE YOU EVER BEEN CONVICTED OF A CRIME? <input type="checkbox"/> Yes <input type="checkbox"/> No		IF YES, PLEASE EXPLAIN & INCLUDE DATE(S):

HAVE YOU EVER WORKED FOR OR WITH HCD IN ANY CAPACITY?	<input type="checkbox"/> Yes <input type="checkbox"/> No
DO YOU HAVE ANY RELATIVES CURRENTLY EMPLOYED WITH HCD?	<input type="checkbox"/> Yes <input type="checkbox"/> No
IF YES, INDICATE FULL NAME OF RELATIVE: _____	
ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES?	<input type="checkbox"/> Yes <input type="checkbox"/> No
DO YOU DESIRE TO WORK:	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME
ARE YOU AVAILABLE TO TRAVEL AS MAY BE REQUIRED IN POSITION(S) APPLIED FOR?	<input type="checkbox"/> Yes <input type="checkbox"/> No

EDUCATIONAL BACKGROUND

LEVEL	SCHOOL NAME AND LOCATION	DATES	GRADUATED?	DIPLOMA / DEGREE
HIGH SCHOOL		FROM:	___ Yes ___ No	
		TO:		
COLLEGE UNIV.		FROM:	___ Yes ___ No	
		TO:		
OTHER/ TECHNICAL		FROM:	___ Yes ___ No	
		TO:		

MILITARY SERVICE

DATES OF SERVICE: FROM _____ TO _____ BRANCH OF SERVICE: _____
 DUTIES: _____

LIST ANY CURRENT REGISTRATIONS OR CERTIFICATIONS YOU POSSESS

TYPE	ADMINISTERING ORGANIZATION	DATE EXPIRES

LIST ADDITIONAL SKILLS AND INDICATE EXPERTISE LEVEL AS:

YRS = >3 Years Hands-On Experience **HOE** = 1-3 Yrs Hands-On Experience With **AW** = Have Assisted With **UC** = Understand Concepts

OPERATING SYSTEMS:	PROGRAMMING LANGUAGES:	SOFTWARE:	HARDWARE:

REFERENCE RELEASE

I hereby authorize and request that you release employment, salary and personal reference information to Home Care Delivered, Inc. with whom I have applied for employment. In consideration of your providing such information, I agree to release you and hold you harmless from any and claims, damages or demands that I may have as a result of releasing the information.

NAME (Please print): _____

SIGNATURE: _____

DATE: _____

SOCIAL SECURITY #: _____ - _____ - _____

IMPORTANT: Resumes are accepted, but applicants cannot be hired unless application is completed fully.

****CURRENT** EMPLOYMENT**

NAME OF COMPANY:	DATES: / / to / /	SALARY:
ADDRESS:	REASON FOR WANTING TO LEAVE:	
CITY: STATE: ZIP:		
POSITION:	PRIMARY DUTIES:	
IMMEDIATE SUPERVISOR: PHONE (Required):		
MAY WE CONTACT? ___ Yes ___ No		

PREVIOUS EMPLOYMENT HISTORY

PLEASE COMPLETE PREVIOUS EMPLOYMENT HISTORY SECTION BEGINNING WITH MOST RECENT.

NAME OF COMPANY:	DATES: / / to / /	SALARY:
ADDRESS:	REASON FOR LEAVING:	
CITY: STATE: ZIP:		
POSITION:	PRIMARY DUTIES:	
IMMEDIATE SUPERVISOR: PHONE (Required):		
MAY WE CONTACT? ___ Yes ___ No		

NAME OF COMPANY:	DATES: / / to / /	SALARY:
ADDRESS:	REASON FOR LEAVING:	
CITY: STATE: ZIP:		
POSITION:	PRIMARY DUTIES:	
IMMEDIATE SUPERVISOR: PHONE (Required):		
MAY WE CONTACT? ___ Yes ___ No		

NAME OF COMPANY:	DATES: / / to / /	SALARY:
ADDRESS:	REASON FOR LEAVING:	
CITY: STATE: ZIP:		
POSITION:	PRIMARY DUTIES:	
IMMEDIATE SUPERVISOR: PHONE (Required):		
MAY WE CONTACT? ___ Yes ___ No		

PREVIOUS EMPLOYMENT HISTORY - Continued

PLEASE COMPLETE PREVIOUS EMPLOYMENT HISTORY SECTION BEGINNING WITH MOST RECENT.

NAME OF COMPANY:	DATES: / / to / /	SALARY:
ADDRESS:	REASON FOR LEAVING:	
CITY: STATE: ZIP:		
POSITION:	PRIMARY DUTIES:	
IMMEDIATE SUPERVISOR: PHONE (Required):		
MAY WE CONTACT? <input type="checkbox"/> Yes <input type="checkbox"/> No		

NAME OF COMPANY:	DATES: / / to / /	SALARY:
ADDRESS:	REASON FOR LEAVING:	
CITY: STATE: ZIP:		
POSITION:	PRIMARY DUTIES:	
IMMEDIATE SUPERVISOR: PHONE (Required):		
MAY WE CONTACT? <input type="checkbox"/> Yes <input type="checkbox"/> No		

NAME OF COMPANY:	DATES: / / to / /	SALARY:
ADDRESS:	REASON FOR LEAVING:	
CITY: STATE: ZIP:		
POSITION:	PRIMARY DUTIES:	
IMMEDIATE SUPERVISOR: PHONE (Required):		
MAY WE CONTACT? <input type="checkbox"/> Yes <input type="checkbox"/> No		

IMPORTANT NOTICES

Home Care Delivered, Inc. bases its employment decisions upon the qualifications of each applicant and does not discriminate against any employee or applicant because of race, religion, color, national origin, sexual orientation, disability, or age.

The Immigration Reform and Control Act requires that those hired for positions provide documentation that they are eligible to work in the United States of America. Please check with an HCD Human Resources team member regarding what documents will be acceptable. All new HCD Teammates undergo a criminal history background check.

READ CAREFULLY BEFORE SIGNING:

I hereby certify that the facts set forth in this employment application are true and complete to the best of my knowledge. I understand that if I am offered a position or employed, falsified statements on this application shall be considered cause for revocation of any job offer or immediate termination of employment. I also realize that this information will be verified by HCD. I authorize my former employer(s) to cooperate with Home Care Delivered, Inc. and to release on a confidential basis any information they may have concerning me. If employed, I agree to abide by all of the organization's rules. I understand that if employed, employment will be "at will" and shall be terminable by the employer or myself at any time with or without cause. Any statements or promises to the contrary are not binding unless verified in writing by the Chief Executive Officer, Home Care Delivered, Inc. This application does not constitute an offer of employment nor does it constitute an employment contract. This application is valid for 120 days from the date submitted by the applicant.

Signature: _____ Date: _____

PLEASE PROVIDE 3 PROFESSIONAL / EMPLOYMENT REFERENCES

- 1. NAME: _____ PHONE #: _____
- 2. NAME: _____ PHONE #: _____
- 3. NAME: _____ PHONE #: _____

FOLLOWING TO BE SIGNED ONLY AFTER INTERVIEW

The interviewer has reviewed with me the essential functions of the position for which I have applied.

_____ I verify that I **AM** able to perform the essential function duties of the position(s).

_____ I verify that I **AM NOT** able to perform the essential function duties of the position(s).

Signature: _____ Date: _____

Visit us online at www.HomeCareDelivered.com



Home Care
Delivered, Inc.SM

More than just home deliverySM

Home Care Delivered, Inc.

4144-A Innslake Drive
Glen Allen, VA 23060
(866) 333-3166 ph (804) 200-7330 fax
www.HomeCareDelivered.com

Home Care Delivered, Inc.

71 Commerce Drive
Clarksville, VA 23927
(866) 333-3166 ph (804) 200-7330 fax
www.HomeCareDelivered.com



Please fax back asap to 804/200-7330

REFERENCE FOR EMPLOYMENT

JOB APPLICANTS - Please complete this top section

_____ (enter your name) is being considered for employment with our organization. By my signature below, I authorize my former employer or their representatives to provide Home Care Delivered, Inc. (aka HCD) any information concerning my employment record, salary while employed, and/or qualifications and hereby release and hold harmless both my former employer and HCD from any and all liability regarding this information.

Job Applicant's Signature

_____-_____-_____
Job Applicant's Social Security Number

EMPLOYER - Please complete the following and return document via fax to 804/200-7330. The requested information will be kept in the strictest confidence.

Company _____ Applicant's Former Job Title _____
 Dates Employed ___/___/___ To ___/___/___ Ending Salary \$ _____ Eligible for Re-Hire? YES () NO ()
 If not eligible for re-hire, please give reason _____
 Termination - Voluntary? () or Involuntary? () Term. Reason _____
 Duties performed _____

*Please check the box best describing applicant:
 1 = Unsatisfactory 2 = Below Average 3 = Average 4 = Good 5 = Excellent*

AREA OF PERFORMANCE	1	2	3	4	5	COMMENTS
Quality of work						
Technical skills						
Attitude						
Reliability & Dependability						
Cooperation & Teamwork						
Attendance & Punctuality						
Decision making						
Communication skills						
Computer skills						
Leadership & initiative						
Accepting Supervision						
Professional ethics & integrity						

Strengths _____

Weaknesses _____

Would you recommend we hire this applicant? YES () NO () Anything we should know about? _____

Signature of Person Providing Reference

Your Title

Date

Please return this form via fax ASAP to: 804/ 200-7330
Questions? Comments? Please contact HCD Human Resources: 866/333-3166
4144-A Innslake Drive, Glen Allen, VA 23060

Verbal Ref Taken By: _____

Date Phone Ref Taken _____
 FORM HR103 REV