LivinRite
HOME HEALTH
Phone: (703) 369-6677
Fax: (703) 369-3355

LivinRite
Home Health

www.livinrite.com

Employment Application

Full Name: _____ Date: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

Phone: _____ Email: _____

Position: _____ Department: _____

Application Instructions

- LivinRite Home Health Services is an equal opportunity employer. We adhere to a policy of making employment decisions without regarding to race, color, creed, religion, sex, age, marital status, sexual orientation, national origin, citizenship status, physical or mental disability, or status as a disabled veteran. We assure you that your opportunity for employment with LivinRite Home Health Services depends solely on your qualifications.
- We request the following information to help us make the best possible placement. You should complete all portions of this application that pertain to you. All information given will be held in strict confidence.
- If offered employment and accepted, you are required by law to show proof of eligibility to work in the USA.

Employment History

Please list **at least one** previous employer starting with your current, or most recent employer.

Job Title: **Location:**

Dates Employed From: _____ **Dates Employed To:** _____ **Employment Length:** _____

Duties:

Job Title: **Location:**

Dates Employed From: _____ Dates Employed To: _____ Employment Length: _____

Duties:

Job Title: **Location:**

Dates Employed From: _____ Dates Employed To: _____ Employment Length: _____

Duties:

Job Title: **Location:**

Dates Employed From: _____ Dates Employed To: _____ Employment Length: _____

Duties:

Job Title: **Location:**

Dates Employed From: _____ Dates Employed To: _____ Employment Length: _____

Duties:

Education

List below your educational background, including high school, colleges, trade and military service schools.

Location:

Major:

Graduated (Y/N): **Years Completed:**

Location:

Major:

Graduated (Y/N): **Years Completed:**

Location:

Major:

Graduated (Y/N): **Years Completed:**

Resume

Please attach a copy of your resume. If you do not have a copy and would like to, please have a written version included below.

Resume:

References

Please provide **at least two** professional references.

Name:	**Title:**	**Relationship:**
Company:		
Phone (personal):	**Phone (Work):**	
Email:		**Best Contact Hours:**

Name:	**Title:**	**Relationship:**
Company:		
Phone (personal):	**Phone (Work):**	
Email:		**Best Contact Hours:**

Name:	**Title:**	**Relationship:**
Company:		
Phone (personal):	**Phone (Work):**	
Email:		**Best Contact Hours:**

Name:	**Title:**	**Relationship:**
Company:		
Phone (personal):	**Phone (Work):**	
Email:		**Best Contact Hours:**

Job Questions

Position: _____

Q: What do you consider to be attributes of a professional

A: _____

_____

_____

Q: Using one word, describe yourself

A: _____

Additional Questions

Q:

A: _____

_____

_____

Q:

A: _____

_____

_____

Q:

A: _____

_____

_____

Personal Information

Date Available to Start: _____

Expected Salary: _____

How many hours can you work weekly? _____

Employment status that you are applying for (i.e., Fulltime, Part Time) _____

Days/Hours Available to work:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Can you work nights? ☐ Yes ☐ No

Have you worked for LivinRite before? ☐ Yes ☐ No

- If yes, list date: _____

Licenses and Certifications

If you have no license or certification, please leave blank.

List any special licenses or certifications you have. (Include Name of License, State of Origin, License #, and expiration Date)

Name of License:

State of Origin

License #:

Expiration Date:

Name of License:

State of Origin

License #:

Expiration Date:

Name of License:

State of Origin

License #:

Expiration Date:

Other Information

Q: Have you ever been convicted of any crime or received a verdict of anything other than not guilty in any criminal investigation or proceeding?

☐ No

☐ Yes*

*If yes, describe dates, the facts and circumstances and any facts pertaining to rehabilitation: _____

_____

_____

_____

Q: Have you ever terminated or asked to resign from a position?

☐ No

☐ Yes*

*If yes, please explain: _____

_____

_____

_____

Military Service

Q: Have you ever been in the armed forces?

☐ No

☐ Yes*

Q: Are you a member of the national guard?

☐ No

☐ Yes*

*If Yes: Specialty: _____ Date Entered: _____ Discharge Date: _____

Applicant Statement

This application is valid for only ninety (90) days. If you have not been employed within ninety (90) days of your application, you must re-apply in writing in order to receive further consideration.
By signing below, I agree to the following:

a. I understand that LivinRite Home Health Services may require me as a condition of employment or continued employment to submit to a test for the illegal use of drugs at any time, and I hereby consent to such tests. I also consent to take any physical examinations of any type, including but not limited to test for alcohol or drugs, that may be requested by LivinRite Home Health Services (1) following an offer of employment and prior to commencement of work; and/or (2) during the course of my employment to the extent consistent with applicable law. I understand that any such examinations will be performed by a health care professional designated by LivinRite Home Health Services, that LivinRite Home Health Services assumes not responsibility for advising of the results of any such examinations and that any information obtained through such examinations may be retained by LivinRite Home Health Services and is exclusively LivinRite's property. I further authorize any health care professional who performs such an examination or who has other information concerning my physical, mental or other medical status to release such information to LivinRite Home Health Services.
b. I understand that any false answers or statements or any misleading omissions made by me on this application or in connection with the processing of my application or in responding to its requests for information, including but not limited to false answers or statements or misleading omissions made during any physical, mental or other medical status to release such information to LivinRite
c. I understand that any employment I might be offered by LivinRite Home Health Services is of indefinite duration, and that either I or LivinRite Home Health Services could terminate that employment at any time with or without notice for any or not reason and that no agreements to the contrary will be recognized by LivinRite Home. Health Services unless in writing and signed by the President of the company.
d. I understand that none of LivinRite's practices or policies are to be construed as imposing any binding obligations on LivinRite Home Health Services and that they are subject to change or deletion at any time. By my signature below, I also certify that I personally have completed this Application without help from any other person unless as defined by law. I have read this employment application and I fully understand its content.

_____ _____

Applicant's Signature Date

LIVINRITE HOME HEALTH SERVICES EMPLOYMENT REFERENCE RELEASE FORM

I, _____ in exchange for the consideration of my job application by LivinRite Home Healthcare Services (hereinafter called "the Company"),
I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for any other position, and regardless of the contents of employee handbooks, personnel manuals, benefits plan, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain and employee of the Company, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President/General Manager of the Company. Both the undersigned and LivinRite Home Health Services may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract. '

I also understand that (1) the Company has a drug and alcohol policy that provides from preemployment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations and OIG exclusion list review..

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information from my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any report requested by it, as required by the Fair Credit Reporting Act.

I further stand that my employment with the company shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

_____ _____

Applicant's Signature Date