

What date would you be available to begin work? _____

Are you legally eligible to be employed in the United States? YES [] NO []
(Proof of identity and eligibility will be required upon employment)

Have you ever been convicted of any law violation(s), not including moving traffic violations?
YES [] NO [] If yes, please explain: _____

(A conviction will not necessarily result in the denial of employment.)

Have you ever worked for this Company before? YES [] NO []
If yes, When? (Give dates) _____ Job Title: _____

Are you currently employed elsewhere? YES [] NO []

Do you have any relatives or friends who work for the Company? YES [] NO []
If yes, who and where do they work? _____

Are you available to work: DAYS [] NIGHTS [] WEEKENDS [] FULL TIME []
If you cannot work full time, please explain: _____

Days and Hours Available (If employed, I will notify my supervisor in writing, should my availability change.)

[] Sunday - From: _____ To: _____
[] Monday - From: _____ To: _____
[] Tuesday - From: _____ To: _____
[] Wednesday - From: _____ To: _____
[] Thursday - From: _____ To: _____
[] Friday - From: _____ To: _____
[] Saturday - From: _____ To: _____

References (Other than supervisors or relatives; list name, address, occupation, & phone #)

Please name all of the medical equipment that you are able to use:

Are you capable of lifting 10- 25 lbs? YES [] NO []

Have you ever used a lift machine? YES [] NO []
If so what type? _____



Personal Care Preferred Group Employment Verification

FOR OFFICE USE ONLY	
Telephone Verification	_____
Faxed	_____
Mailed	_____

INSTRUCTIONS

Applicant:
Complete Sections 1 and 2

Former Employer:
*Complete Section 3 and
return to Personal Touch
Home Care Services, Inc.*

PERSONAL TOUCH
HOME CARE SERVICES, INC.

13001 Main Street
P.O. Box 305
Stony Creek, VA 23882
1.800.598.9854
434.246.3110
434.246.4213 fax

SECTION 1 (COMPLETED BY APPLICANT)

Employment Verification for:

Applicant (Please Print) _____
FIRST MIDDLE LAST

Social Security # _____ Date _____

Position Applied For: _____

I have applied for employment with Personal Care Preferred Group for the position above. I hereby authorize you to verify my former employment and release you from any liability. Please supply the information below in Section 3 and return in a postage paid envelope. Thank you.

Applicant's Signature: _____

SECTION 2 (COMPLETED BY APPLICANT)

Former Employer (print) _____

StreetAddress _____

City/ State/Zip _____

Attention: _____

I worked for you in the following position: _____

Start Date _____ End Date _____

Reason for leaving: _____

SECTION 3 (COMPLETED BY FORMER EMPLOYER)

Please indicate employee's job performance:

	ABOVE AVERAGE	AVERAGE	UNSATISFACTORY
Attendance	_____	_____	_____
Attitude	_____	_____	_____
Overall Ability	_____	_____	_____

Would you rehire? YES [] NO []

If no please explain: _____

Signature _____ Date _____