

HOME CARE SERVICES

Main Office

13001 Main Street P.O. Box 305 Stony Creek, VA 23882 434.246.3110 434,246,4213 fax

Waverly Office

107 Maifield Ave. Waverly, VA 23890 804.896.5553 804.834.1066 fax

Franklin Office

300 N. Main St. Franklin, VA 23851 757.899.0446 757.562.7399 fax

Emporia Office

1226 S. Main St. Emporia, VA 23847 434.637.0318

Personal Touch Home Care Services APPLICATION FOR EMPLOYMENT

(An Equal Opportunity Employer)

Professional memberships:

FOR OFFICE Hire date Certificate BkCheck Rate of Pay	USE ONLY

A Drug-Free Environment			Date:			
Full Legal Name	LAST			""		
			FIRST		MI	
Address:	NUMBER	STREET				
	αιγ		STATE		P	
Social Security N	lumber:	<u> </u>				
Home Phone: _		Cell Pho	one:			
	l For:					
Are you 18 years	or older?	_ Birth date if under	18 years of age:	· · · · · · · · · · · · · · · · · · ·		
In an emergency	notify:	*	, Relationshi	p:		
Emergency Conta	act #:	0 0 1 VVVVVV	Work#:			
EDUCATION						
	Name and Loca	ation of School	Course of Study	Number of Years Completed	Diploma or Degree Received	
High School						
College						
Vocational of Trade School						
Graduate Work				91117		
					**·*···	
	IONAL APPLICANTS (
	cate number:	•				
	by Virginia?					
		Last rene	Last renewal date for license?			
Have you applied for a Virginia license? Date applied:						

^{*}Please note an application for nursing assistant positions must be accompanied by a copy of certificate of completion or state license to be considered for hire.

amo of Employer		Telephone Number
ome of Employer		
ull Address (Including Street, City, State &	Zlp)	Supervisor's Name and Title
ates Employed: rom (Month/Day/Year)	To (Month/Day/Year)	Rate of Pay: Beginning End
teason for Leaving		
		,
Name of Employer		Telephone Number
Full Address (Including Street, City, State &	Zip)	Supervisor's Name and Title
Dates Employed: From (Month/Day/Year)	To (Month/Day/Year)	Rate of Pay: Beginning End
Reason for Leaving		
Describe work performed:		
Name of Employer		Telephone Number
Name of Employer		
Full Address (Including Street, City, State &	Zíp)	Supervisor's Name and Title
Dates Employed: From (Month/Day/Year)	To (Month/Day/Year)	Rate of Pay: Beginning End
Reason for Leaving		
What was your position?		
•		
Home Care Services or its subsidiarion this employment application in the Home Care Services and myself. If the content is the content in the content is the content in the	es permission to verify such answers. I underst ne granting of an interview is intended to creat employed, I understand that I have the right t retains the same right. If employed I may be	my knowledge, and hereby grant Personal Tou and that any false statements or omission of fac an employment contact between Personal Tou o terminate my employment at any time and th subject to random drug testing. I understand th



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

Personal Touch Home Care Services Employment Verification

,	FICE USE ONLY ne Verification	
Mailed		

SECTION 1 (COMPLETED BY APPLICANT)

Employment Verification for:			
Applicant (Please Print)	Encr	MIDDLE	Lagran
Social Security #			LAST
Position Applied For:			PARTY AND
I have applied for employm authorize you to verify my information below in Section 3	former employment and re	elease you from an	y liability. Please supply the
Applicant's Signature:	7***		****
SECTION 2 (COMPLETED B	Y APPLICANT)		
Former Employer (print)			17
StreetAddress			
City/ State/Zlp			
Attention:		www.wes.attitude.is	
I worked for you in the following	ng position:		
Start Date	End D	ate	
Reason for leaving:			
SECTION 3 (COMPLETED BY	y former employer)		
Please Indicate employee's jo	b performance:		
	ABOVE AVERAGE	AVERAGE	UNSATISFACTORY
Attendance		-	
Attitude			***************************************
Overail Ability			
Would you rehire? YES []	NO []		
If no please explain:			
<u></u>			
•			
No. 44		Mahama a	,
Na State Control of the Control of		W. Walter Street	
			-n
Signature			Date



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

Personal Touch Home Care Services Employment Verification

	FICE USE ONLY ne Verification	
Mailed		

SECTION 1 (COMPLETED BY APPLICANT)

Applicant (Please Print) FRIST MIDDLE LAST Social Security #	Employment Verification for:			
Position Applied For: I have applied for employment with Personal Care Preferred Group for the position above, I heret 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 DateEnd Date Reason for leaving: SECTION 3 (COMPLETED BY FORMER EMPLOYER) Please indicate employee's job performance: ABOVE AVERAGE AVERAGE UNSATISFACTORY Attendance AUTHORS	• •			
Position Applied For: I have applied for employment with Personal Care Preferred Group for the position above, I heret 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	Applicant (ricase rine)	FIRST	MIDDLE	LAST
I have applied for employment with Personal Care Preferred Group for the position above. I herebauthorize 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 DateEnd 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 []	Social Security #		Date _	- W
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	Position Applied For:		<u> </u>	
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 []	authorize you to verify my for	mer employment and re	lease you from an	y llability. Please supply the
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 Ablity Would you rehire? YES [] NO []	Applicant's Signature:		· · · · · · · · · · · · · · · · · · ·	
StreetAddress City/ State/Zip Attention: I worked for you in the following position: Start DateEnd Date Reason for leaving: SECTION 3 (COMPLETED BY FORMER EMPLOYER) Please Indicate employee's job performance: ABOVE AVERAGE AVERAGE UNSATISFACTORY Attendance Attitude Overall Ablility Would you rehire? YES [] NO []	SECTION 2 (COMPLETED BY A	PPLICANT)		
City/ State/Zip Attention: I worked for you in the following position: Start Date Reason for leaving: SECTION 3 (COMPLETED BY FORMER EMPLOYER) Please Indicate employee's job performance: ABOVE AVERAGE AVERAGE UNSATISFACTORY Attendance Attitude Overall Ablility Would you rehire? YES [] NO []	Former Employer (print)			NAMES OF THE PROPERTY OF THE P
Attention: I worked for you in the following position: Start DateEnd 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 []	StreetAddress			
I worked for you in the following position: Start Date	City/ State/Zip			· ····································
Start DateEnd Date	Attention:	A CONTRACTOR OF THE CONTRACTOR		
Start DateEnd Date				
Reason for leaving: SECTION 3 (COMPLETED BY FORMER EMPLOYER) Please indicate employee's job performance: ABOVE AVERAGE AVERAGE UNSATISFACTORY Attendance Attitude Overall Ablility Would you rehire? YES [] NO []	•	•		
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 []				
Please Indicate employee's job performance: ABOVE AVERAGE AVERAGE UNSATISFACTORY Attendance Attitude Overall Ablility Would you rehire? YES [] NO []	Reason for leaving:	Addition of the second of		
ABOVE AVERAGE AVERAGE UNSATISFACTORY Attendance Attitude Overall Ablility Would you rehire? YES [] NO []	SECTION 3 (COMPLETED BY F	ORMER EMPLOYER)		
Attendance	Please indicate employee's job	performance:		
Attitude Overall Ability		ABOVE AVERAGE	AVERAGE	UNSATISFACTORY
Overall Ability	Attendance			- A
Would you rehire? YES [] NO []	Attitude			
•	Overall Ability			•
If no please explain:	Would you rehire? YES [] N	0[]		
	If no please explain:			MA July -
				and the same of th
	The state of the s			