



IMPERIAL CARE, LLC

6564 Loisdale Ct. Suite 600-D
 Springfield, VA 22150
 Phone: 703-944-0162 email: info@imperialcareLLC.com

Employment Application

APPLICANT INFORMATION											
Last Name				First			M.I.	Date			
Street Address							Apartment/Unit #				
City				State			ZIP Code				
Phone				E-mail Address							
Date Available			Social Security #				Desired Salary			\$	
Position Applied for						Date of Birth					
Are you a citizen of the United States?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.?		YES <input type="checkbox"/>		NO <input type="checkbox"/>	
Have you ever been convicted of any crimes, including traffic violations?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, explain					
Have you ever been involved in a founded case of abuse or neglect of a child/adult?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, explain					
EDUCATION											
High School			Address								
From		To	Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree		
College			Address								
From		To	Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree		
Other			Address								
From		To	Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree		
CERTIFICATIONS				LICENSES				(only valid licenses)	State	License Number/Points	
CPR/First Aid	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Exp Date		Driver's License	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Medication Administration	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Exp Date			YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Crisis Prevention (TOVA)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Exp Date			YES <input type="checkbox"/>	NO <input type="checkbox"/>				
REFERENCES											
<i>List three professional references not related to you; at least 2 work-related. References should know your qualifications & character.</i>											
Full Name					Company:						
Phone ()				Cell:		()					
Address					Email:						
Full Name					Company:						
Phone ()				Cell:		()					
Address					Email:						
Full Name					Company:						
Phone ()				Cell:		()					
Address					Email:						

PREVIOUS EMPLOYMENT

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary
Responsibilities:			
From	To	Reason for Leaving	

May we contact this employer? YES NO

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary
Responsibilities:			
From	To	Reason for Leaving	

May we contact this employer? YES NO

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary
Responsibilities:			
From	To	Reason for Leaving	

May we contact this employer? YES NO

IF ADDITIONAL EMPLOYERS, PLEASE ATTACH RESUME**EMPLOYMENT PREFERENCE**

Are you willing to work Full-Time? YES NO Circle Days Available: Mo Tu Wed Th Fr Sa Su

Are you willing to work Part-Time? YES NO Circle Shifts Available: Day Evening Midnight

If referred by a Imperial Care staff, give name

MILITARY SERVICE

Branch	From	To
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Rank at Discharge	Type of Discharge
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If other than honorable, explain

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I give IMPERIAL CARE, LLC. permission to make a thorough investigation of past employment and authorize release from liability all persons, companies and organizations, school and municipalities supplying information regarding me whether or not it is a matter of record.

Signature	Date
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