

EMPLOYMENT APPLICATION

Please complete the entire application.

1. Employer Information

Employer: HEALING HANDS HOME HEALTH CARE AGENCY LLC
Address: _____, Connecticut
City/State/ZIP: _____
Telephone: _____

It is the policy of HEALING HANDS HOME HEALTH CARE AGENCY LLC to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

2. Applicant Information

Applicant Full Name: _____
Home Address: _____
City/State/ZIP: _____
Number of years at this address: _____
Daytime phone: _____ Evening phone: _____
Mobile phone: _____
Social Security Number: _____
Driver's License (State/Number): _____

3. Emergency Contact

Who should be contacted if you are involved in an emergency?

Contact Name: _____
Relationship to you: _____
Address: _____
City/State/ZIP: _____
Daytime phone: _____ Evening phone: _____

4. Job Position Applied For:

5. Salary Desired: \$ _____ per _____

6. Have you applied to our company previously? _____ Yes _____ No
If yes, when? _____

7. Are you at least 18 years old? Yes No

8. How will you get to work? _____

9. a.) Are you willing to work 24-hour shift, including nights and weekends?
 Yes No (7 days live in)

b.) Are you willing to work 24-hour shift, including nights week?
 Yes No (5 days live in)

If no, please state any limitations:

10. If applicable, are you available to work overtime? Yes No

11. If you are offered employment, when would you be available to begin work?

12. If hired, are you able to submit proof that you are legally eligible for employment in the United States? Yes No

13. Are you able to perform the essential functions of the job position you seek with or without reasonable accommodation? Yes No

What reasonable accommodation, if any, would you request?

14. Applicant's Skills

Check those skills that you have. List any other skills that may be useful for the job you are seeking. Enter the number of years of experience and circle the number which corresponds to your ability for each particular skill. (One represents poor ability, while five represents exceptional ability.)

Ability

or

Skill	Years of Experience	Rating
<input type="checkbox"/> Answering telephones	_____	1 2 3 4 5
<input type="checkbox"/> Filing	_____	1 2 3 4 5
<input type="checkbox"/> Customer service	_____	1 2 3 4 5
<input type="checkbox"/> Other	_____	1 2 3 4 5
<input type="checkbox"/> Other	_____	1 2 3 4 5

15. Applicant Employment History

List your current or most recent employment first. Please list all jobs (including self-employment and military service) which you have held, beginning with the most recent, and list and explain any gaps in employment. If additional space is needed, continue on the back page of this application.

Employer Name: _____
Supervisor Name: _____
Address: _____
City/State/ZIP: _____
Job Duties: _____
Reason for Leaving: _____
Dates of Employment (Month/Year): _____

Employer Name: _____
Supervisor Name: _____
Address: _____
City/State/ZIP: _____
Job Duties: _____
Reason for Leaving: _____
Dates of Employment (Month/Year): _____

Employer Name: _____
Supervisor Name: _____
Address: _____
City/State/ZIP: _____
Job Duties: _____
Reason for Leaving: _____
Dates of Employment (Month/Year): _____

16. Applicant's Education and Training

College/University Name and Address

Did you receive a degree? Yes No If yes, degree(s) received: _____

High School/GED Name and Address

Did you receive a degree? Yes No

Other Training (graduate, technical, vocational):

Please indicate any current professional licenses or certifications that you hold:

CERTIFICATION

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize HEALING HANDS HOME HEALTH CARE AGENCY LLC to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its Member, the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of HEALING HANDS HOME HEALTH CARE AGENCY LLC, except in a specific written contract of employment signed on behalf of the organization by its Member, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

DATE

Consent to Background and Reference Check

Applicant Name: _____

Present Address: _____

Social Security Number: _____

I, _____ hereby authorize Healing Hands Home Care Agency LLC (the "Company") of PO Box 112309, STAMFORD, Connecticut 06911, and/or its agents to make investigation of my background, references, character, past employment, consumer reports, education, and criminal history record information which may be in any state or local files, including those maintained by both public and private organizations, and all public records, for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for employment. A telephone facsimile (fax) or xerographic copy of this consent shall be considered as valid as the original consent.

I hereby consent to the Company's verification of all the information I have provided on my application form. I also agree to execute as a condition of employment or a condition of continued employment any additional written authorization necessary for the Company to obtain access to and copies of records pertaining to this information. I also hereby authorize the Company's access to any medical histories or records pertaining to me (and any other individuals who due to my employment may be covered by any Company medical or other insurance program). With regard to the foregoing disclosures, I hereby agree to release any person, company, or other entity from any and all causes of action that otherwise might arise from supplying the Company with information it may request pursuant to this release. I understand that any false answers or statements, or misrepresentations by omission, made by me on this application or any related document, will be sufficient for rejection of my application or for my immediate discharge should such falsifications or misrepresentations be discovered after I am employed.

Applicant:

Dated: _____



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 09/31/2012

START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [][] - [][] - [][][][]		Employee's E-mail Address			Employee's Telephone Number

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States (See instructions)	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number) _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____ Some aliens may write "N/A" in the expiration date field. (See instructions)	OR Code - Section 1 Do not write in this space
Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.	
1. Alien Registration Number/USCIS Number: _____ OR	
2. Form I-94 Admission Number: _____ OR	
3. Foreign Passport Number: _____ Country of issuance: _____	

Signature of Employee	Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one):

I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
 (Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code

Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OIG No. 1413-0047
 Expires 06/30/2019

Employer or Authorized Representative Review and Verification
 The employer or authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. Your employer or authorized representative must examine one document from List A OR a combination of one document from List B and one document from List C as shown on this Form.

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A		OR	List B		AND	List C	
Identity and Employment Authorization			Identity			Employment Authorization	
Document Title	Issuing Authority	Document Number	Expiration Date (if any) (mm/dd/yyyy)	Document Title	Issuing Authority	Document Number	Expiration Date (if any) (mm/dd/yyyy)
Document Title	Issuing Authority	Document Number	Expiration Date (if any) (mm/dd/yyyy)	Additional Information		(See Instructions - Section 2 & 3 Do Not Write in This Space)	
Document Title	Issuing Authority	Document Number	Expiration Date (if any) (mm/dd/yyyy)				
Document Title	Issuing Authority	Document Number	Expiration Date (if any) (mm/dd/yyyy)				
Document Title	Issuing Authority	Document Number	Expiration Date (if any) (mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See Instructions for exemptions)

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name		
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

Section 3: Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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LISTS OF ACCEPTABLE DOCUMENTS
All documents must be UNEXPIRED

Employees may present one selection from List A
 or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Native American tribal document
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:		5. U.S. Military card or draft record		5. U.S. Citizen ID Card (Form I-197)
a. Foreign passport; and		6. Military dependent's ID card		6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
b. Form I-94 or Form I-94A that has the following:		7. U.S. Coast Guard Merchant Mariner Card		7. Employment authorization document issued by the Department of Homeland Security
(1) The same name as the passport; and		8. Native American tribal document		
(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		9. Driver's license issued by a Canadian government authority		
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		For persons under age 18 who are unable to present a document listed above:		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		

Examples of many of these documents appear in the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.