

Caring First HealthCare Services
8711 Plantation Lane,
Suite 302 Manassas, VA 20110
Phone: 571-527-6737 Fax: 703-221-9191
info.cfhs@gmail.com
caringfirsthealth.com



Caring First HealthCare Services Application for Employment

PLEASE PROVIDE AS MUCH INFORMATION AS POSSIBLE

DATE _____

Name _____
_____ Last First Middle Maiden

Present address _____
Number Street City State Zip

How long _____ Social Security No. ____ - ____ - ____

Telephone () Email: _____

If under 18, please list age _____
Position applied for _____ and salary desired
_____ (Be specific)

Days/hours available to work: No Pref _____ Thur _____ Mon _____ Fri
_____ Tue _____ Sat _____ Wed _____ Sun _____

How many hours can you work weekly? _____. Can you work nights? _____

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

Have you ever applied for employment with us? __Yes__ No If yes, year: _____

Are you legally eligible for employment in the United States? ____ Yes ____ No
(Federal Law requires proof of identity and employment authorization for all new employees.)

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| TYPE OF SCHOOL | NAME OF SCHOOL | LOCATION (Complete mailing address) | NUMBER OF YEARS COMPLETED | MAJOR & DEGREE |
|---------------------------|----------------|-------------------------------------|---------------------------|----------------|
| High School | | | | |
| | | | | |
| College | | | | |
| | | | | |
| Bus. Or Trade Sch. | | | | |
| | | | | |
| Professional/Grad. School | | | | |

DO YOU HAVE A DRIVER'S LICENSE? Yes No

What is your means of transportation to work? _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? No Yes

If yes, please explain. _____

When available for work? _____

How did you hear about Caring First Healthcare Services? _____

Please list two references other than relatives.

Name _____ Name _____

Position _____ Position _____

Company _____ Company _____

Address _____ Address _____

Telephone () Telephone ()

Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

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I certify that all the information on this application is accurate and complete to the best of my knowledge and understand that misleading or false statements will constitute sufficient cause for refusal of hire or termination of my employment. I understand that neither the acceptance of this application nor the subsequent entry into any type of employment relationship with Caring First HealthCare Services creates an actual or implied contract of employment. I understand that, if I accept employment with Caring First HealthCare Services, it will be on an at-will basis. This means that either Caring First HealthCare Services or I have the right to terminate the employment relationship at any time, for any reason, with or without cause. I agree to submit to drug and alcohol testing, if requested by Caring First HealthCare Services. I release Caring First HealthCare Services, and its employees, plus other persons or companies, from any and all liability arising out of or related in any way to such testing. I authorize Caring First HealthCare Services to investigate information concerning my education, employment experiences and all other aspects of my background relevant to my proposed employment. I release Caring First HealthCare Services and its employees from all liability arising from such investigation.

Signature of applicant _____ Date:

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Caring First HealthCare Services LLC is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with Caring First HealthCare Services depends solely on your qualifications.