



Employment Application

Dear Applicant:

Thank you for your interest in working with our agency. Please bring back completed application forms along with current copies of the following:

1. Resume
2. Driver's License
3. RN / LPN / CNA License
4. CPR and other nursing training certificates
5. Social Security Card
6. ***Car Insurance (applicable only to some clients)
7. Tuberculosis Screening (PPD) / Chest X-Ray / Current physical exam with immunization such as Rubella, Rubeola, Varicella, etc.

Once your application has been reviewed, you will be called for an interview. If we agree that you would be a good fit for our organization, you will receive a letter and will be asked to come in for an orientation and I.D. picture.

We look forward to reviewing your application package.

Sincerely,

HR Department
Adom Group Homes, LLC



Employment Application

Date: _____

Personal Data			
Last Name			First Name
Middle		SSN	
Home Address		City	State
Home Phone		Cell Phone	Pager
Email Address: _____			
Zip			

Emergency Contact Information		
Name of Emergency Contact	Relation	Emergency Telephone Number

Job Information

Position (Job Class) Applying for:

RN
 PT
 LP/VN
 CNA
 OT
 PTA
 Clerical
 Other _____ Date Available: _____

Work Experience/Skills

Please list the number of years you have experience in each area (min 1 year exp.) and are clinically competent to work:

- | | | | |
|--------------------------------|------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Burn | <input type="checkbox"/> ENT | <input type="checkbox"/> Pediatrics | <input type="checkbox"/> Detox/Drug Rehab |
| <input type="checkbox"/> L & D | <input type="checkbox"/> Rehab | <input type="checkbox"/> Telemetry | <input type="checkbox"/> Post- Partum |
| <input type="checkbox"/> MICU | <input type="checkbox"/> Nursery | <input type="checkbox"/> Psychiatry | <input type="checkbox"/> Orthopedics |
| <input type="checkbox"/> NICU | <input type="checkbox"/> Dialysis | <input type="checkbox"/> Stepdown | <input type="checkbox"/> Mother/Baby |
| <input type="checkbox"/> PACU | <input type="checkbox"/> Geriatric | <input type="checkbox"/> Oncology | <input type="checkbox"/> Recovery Room |
| <input type="checkbox"/> SICU | <input type="checkbox"/> Pedi ICU | <input type="checkbox"/> Neurology | <input type="checkbox"/> Operating Room |
| <input type="checkbox"/> CCU | <input type="checkbox"/> Med/Surg | <input type="checkbox"/> Open Heart | <input type="checkbox"/> Emergency Room |
| <input type="checkbox"/> Other | <input type="checkbox"/> Other | <input type="checkbox"/> Other | <input type="checkbox"/> Other |



Previous Facility Types Worked: Check All That Apply –

Hospital Hospice Nursing Home Rehab Private Duty Assisted Living / Residential Treatment

Check the type of assignment you are available for: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Live-In <input type="checkbox"/> weekends:	Notice to applicant: Adom Group Homes, LLC is an equal opportunity employer. We do not discriminate on the basis of race, color, religion, sex, creed, national origin, disability or medical condition and all other categories protected by law.
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Check the days of the week you are available to work:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Holidays available to work: _____

License Type	License/Certification #	State	Expiration Date

Has your professional license ever been suspended, revoked or under investigation? Yes No
 If Yes, please explain: _____

Work Experience: List all of your work experience beginning with your most recent job. You will be asked to explain all gaps in employment. Attach additional sheet(s) if necessary.

Facility/Employer Name	Date Employed
Address	From: _____ To: _____
City/State/Zip	Title
Country	Unit
Number of Beds in Unit: _____	Name of Current Immediate Supervisor
In Hospital: _____	Telephone #:
Describe duties and specialty areas:	May We Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No – If no, why?
Pay Rate/Salary: Hourly _____ Yearly _____	If this was a travel assignment, name of agency:
Reason for leaving:	<input type="checkbox"/> <input type="checkbox"/>
Are your employment records listed under another name? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, what name?	Supervisory Experience: Yes No – How often?



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Facility/Employer Name	Date Employed
Address	From: _____ To: _____
City/State/Zip	Title
Country	Unit
Number of Beds in Unit: _____ In Hospital: _____	Name of Current Immediate Supervisor
Describe duties and specialty areas:	Telephone #:
Pay Rate/Salary: Hourly _____ Yearly _____	May We Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No – If no, why?
Reason for leaving:	If this was a travel assignment, name of agency:
Are your employment records listed under another name? <input type="checkbox"/> No <input type="checkbox"/> Yes - If yes, what name?	Supervisory Experience: <input type="checkbox"/> Yes <input type="checkbox"/> No – How often?
Facility/Employer Name	Date Employed
Address	From: _____ To: _____
City/State/Zip	Title
Country	Unit
Number of Beds in Unit: _____ In Hospital: _____	Name of Current Immediate Supervisor
Describe duties and specialty areas:	Telephone #:
Pay Rate/Salary: Hourly _____ Yearly _____	May We Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No – If no, why?
Reason for leaving:	If this was a travel assignment, name of agency:
Are your employment records listed under another name? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, what name?	Supervisory Experience: <input type="checkbox"/> Yes <input type="checkbox"/> No – How often?

Please list any other work-related information you think would be helpful to us in considering you for employment, such as specialized training, certifications, additional work experience, etc.



Additional Information:

- 1. Are you legally authorized to work in the USA? Yes No
- 2. Have you ever been convicted of a felony? Yes No
- 3. Can you pass a pre-employment drug test? Yes No
- 4. How were you referred to Adom Group Homes, LLC?
 - Newspaper Trade Publication Job Fair/Open House Internet Site
 - Company Employee – Name: _____

I understand that I must report all accidents to my immediate supervisor and to Adom Group Homes, LLC - - No MATTER HOW SLIGHT. Yes

I also understand that I must wear all required personal protection equipment (PPE). Yes
The penalty for not wearing PPE is disciplinary action, up to and including termination.

Signature

ACKNOWLEDGMENT (Please read carefully and sign)

In signing this application, I certify that I have read and fully understand the questions asked in this application and that all answers given by me are true, accurate, and complete. I also understand that the omission, concealment, or misrepresentation of any fact on this application or during any interview for employment may jeopardize my chances for employment and be cause for my immediate dismissal from employment.

I give Adom Group Homes, LLC permission to use any information in this application to enable it and its agents to verify the information contained in this application I also authorize present and former employers, educational institutions I have attended, credit agencies, all references, and any other persons to answer all questions asked by Adom Group Homes, LLC with regard to any of the subjects covered by this application. I also understand that in connection with my application for employment or my employment, Adom Group Homes, LLC may conduct a criminal background investigation and that my employment may be contingent on the results of such investigation. I release Adom Group Homes, LLC, its agents, and all affiliated entities, as well as any person or situation that provides any information about me, from any and all liability whatsoever resulting from any such investigation or the disclosure of such information.

In consideration of my employment and of my being considered for employment by Adom Group Homes, LLC, I agree to abide by all rules and regulations, which I understand are subject to change at any time for any reason without prior notice. I also understand that if employed, I will be an employee at will and employed for no definite period of time. I understand that either Adom Group Homes, LLC or I can terminate my employment at any time, with or without cause and with or without advance notice. I further understand that no communication, whether oral or written, by any representative of Adom Group Homes, LLC, at any time, can constitute a contract of employment. No representative or agent of Adom Group Homes, LLC, has the authority to enter into any agreement for employment for any specific period of time or to make any agreement contrary to the foregoing.

I am willing to submit to a physical examination, including the analysis for the detection of the use of unlawful drugs or substances in accordance with the applicable laws. If I receive an offer of employment, I agree that my continued employment may be contingent on the results.

I understand that Adom Group Homes, LLC is not involved in the day-to-day supervision or decision concerning patient care or dentistry. This remains with the Professional as part of the Professional's practice. The Professional fully indemnifies Adom Group Homes, LLC against any and all liability and responsibility associated with his or her professional duties. The Professional maintains his or her license as required by law, professional liability coverage and other responsibilities as found under state prime contract law.

I HAVE READ THE ABOVE AND FULLY UNDERSTAND IT.

Applicant Signature _____ Date _____



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AFFIRMATION

Employment for compensation of persons convicted of certain offenses prohibited; criminal records check required; suspension or revocation of license.

Adom Group Homes, LLC or Jemima Homecare’s contractors shall not hire for compensated employment, persons who have been convicted of murder, abduction for immoral purposes, assaults and bodily wounding, robbery, sexual assault, arson, pandering, crime against nature involving children, taking indecent liberties with children, abuse and neglect of children, failure to secure medical attention for an injured child, obscenity offences, or abuse or neglect of an incapacitated adult.

- However, Adom Group Homes, LLC may hire an applicant convicted of one misdemeanor specified in this section not involving abuse or neglect or moral turpitude, provided five years have elapsed.

Any person desiring to work at Adom Group Homes, LLC, shall provide the organization with sworn statement of affirmation disclosing any criminal convictions or any pending criminal charges, whether within or without the Commonwealth. Any person making materially false statement when providing such sworn statement or affirmation regarding any such offense shall be guilty upon conviction of Class 1 misdemeanor.

SWORN STATEMENT

I, _____ do hereby swear under penalty of perjury that I DO or DO NOT (please circle one) have any pending charges within or without the Commonwealth of Virginia; I have never been convicted, either within or without the Commonwealth of Virginia.

If yes to above, please list in detail all convictions incurred:

Signature: _____ Date: _____