

## LOWER VALLEY CARE ADVOCATES, LLC (LVCA) APPLICATION FOR EMPLOYMENT

IMPORTANT: Read Terms of Employment carefully. Print or type answers to every question. All information on this application will be treated confidentially. FEDERAL AND STATE LAWS PROHIBIT DISCRIMINATION FOR VARIOUS REASONS, INCLUDING RACE, COLOR, RELIGION, CREED, NATIONAL ORIGIN, AGE, SEX, OR DISABILITY.

### PERSONAL DATA

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Date \_\_\_\_\_

Present Address (Street and Number) \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

(City, State, and Zip Code) \_\_\_\_\_ For How Long? \_\_

Previous Address (Street and Number) \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

(City, State, and Zip Code) \_\_\_\_\_ For How Long? \_\_

IN CASE OF EMERGENCY PLEASE NOTIFY: Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF VIOLATING ANY LAW (EXCEPT MINOR TRAFFIC VIOLATIONS)? \_\_\_ Yes \_\_\_ No  
If yes, please attach summary of details. Disclosure of a criminal record does not automatically disqualify you from employment consideration. Your case will be judged on its own merits.

Do you have a driver's license? \_\_\_ Yes \_\_\_ No Type \_\_\_\_\_  
State \_\_\_\_\_ Expiration Date \_\_\_\_\_

### EDUCATION

Schools Attended	Name and Address of School	From Mo./Yr.	To Mo./Yr.	Graduated (Yes or No)	Degree or Type of Diploma	Major Course of Study
High School						
College or University						
Business or Technical						

If you attended college but did not graduate, how many credit hours needed for degree? Associate \_\_\_\_\_ Bachelor \_\_\_\_\_

### WORK INTEREST

Position Applied For	Minimum Salary	Type of Employment Desired ___ Full Time ___ Part Time	Earliest Available Date:
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Do you have the legal right to work in the United States? \_\_\_ Yes \_\_\_ No

Are you willing to work rotating shifts, including nights and weekends? \_\_\_\_\_

EMPLOYMENT HISTORY

List all previous work experience and periods of unemployment. Begin with your present position and work back to your first position. Attach resume, if necessary.

From Mo./Yr.	To Mo./Yr.	Employer, Address, and Telephone Number	Salary	Job Title/Description of Work Performed	Reason for Leaving

REFERENCES

Please provide the names, addresses and phone numbers for three individuals with whom you have worked; two supervisors/managers and one co-worker. Also provide the name of the employer and the length of time that you worked with the individual.

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TERMS OF EMPLOYMENT

I, the undersigned, state that all information given by me in this application is true to the best of my knowledge. I authorize the Lower Valley Care Advocates, LLC to verify such information and to contact any references given by me. I further agree to allow LVCA or its designees to conduct a criminal background check and/or motor vehicle history check based on the information that I have provided in this application.

Should I become employed by LVCA, I agree that:

- My employment shall be in accordance with the terms of this application and agency rules and regulations, which may be modified at any time by the LVCA administration.
- I understand that my employment may be terminated or I may resign at any time, with or without notice, with or without cause, the LVCA's only obligation being to pay me wages or salary earned by me to date of termination. I further acknowledge and agree that the period of my employment is indefinite and that no documents shall constitute a contract of employment. The policy set forth in this paragraph may be modified only by written agreement signed by me and by an officer of the Board of Directors.
- I agree that employment may be contingent upon meeting all placement considerations, including medical ones.
- LVCA shall have the right at any time after the termination of my employment to furnish to others information concerning my employment record, work habits, and work performance with LVCA, including the information contained in this application, or copies of any information which is maintained in my personnel file. I specifically release the LVCA, its officers, directors, agents, and employees from any and all liability regarding the release of any information described in this paragraph.
- I agree not to disclose any of the LVCA's trade secrets or other confidential or restricted information and not to make use of such trade secrets or confidential or restricted information in any fashion during employment or after my employment with LVCA is terminated.
- During the term of my employment with LVCA, and for a period of 60 days thereafter, I agree that I will not solicit employment, or contract work, from any of the patients or clients of LVCA without the written consent of LVCA. Employees will also not accept an unsolicited offer of employment or contract work from any of the patients or clients of LVCA without the written consent of LVCA.
- I authorize LVCA to investigate all statements contained in this application and hereby release former employers and the agency from any and all liability on account of furnishing such information to the agency.

FALSIFICATION, MISREPRESENTATION, OR OMISSION OF INFORMATION ON THIS, OR ON ANY OTHER EMPLOYMENT FORM, SHALL BE GROUNDS FOR IMMEDIATE TERMINATION, REGARDLESS OF WHEN SUCH FALSIFICATION, MISREPRESENTATION, OR OMISSION IS DISCOVERED.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date of Hire

\_\_\_\_\_  
Pay Rate

Work Preferences

Homemaker/companion

Days/hours

M \_\_\_\_\_

T \_\_\_\_\_

W \_\_\_\_\_

T \_\_\_\_\_

F \_\_\_\_\_

S \_\_\_\_\_

S \_\_\_\_\_

Personal care attendant

Days/hours

M \_\_\_\_\_

T \_\_\_\_\_

W \_\_\_\_\_

T \_\_\_\_\_

F \_\_\_\_\_

S \_\_\_\_\_

S \_\_\_\_\_