AVALON IN-HOME
NURSING AND REHABILITATION, LLC
200 Little Falls Street, Suite 410 A, Falls Church VA 22046
Tel: (703) 269-2238 Fax: (703) 269-2704

Equal Opportunity Employment: While many employers are required by federal law to have an Affirmative Action Program, all employers are required to provide equal employment opportunity and may ask your national origin, race and sex for planning and reporting purposes only. This information is optional and failure to provide it will have no effect on your application for employment. **We are an Equal Opportunity Employer and fully subscribe to the principles of Equal Employment Opportunity. Applicants and/or employees are considered for hire, promotion and job status, without regard to race, color, religion, sex (including pregnancy, sexual orientation, or gender identity),national origin, age or genetic information (including family medical history).**

EMPLOYMENT APPLICATION

POSITION APPLYING FOR: ❑RN ❑LPN ❑PT ❑PTA ❑OT ❑OTA ❑CNA ❑HHA ❑PCA ❑Other ________________

Date of Application:______________ **Hired Date:**______________ ❑ Full Time ❑ Part time ❑ PRN (work available basis)

Date available for work:________________ **Shifts available to work:** ❑Days ❑Evenings ❑Nights ❑Weekends ❑Holidays

Are you 18 years of age or older? ❑ **Yes** ❑ **No**

APPLICANT GENERAL INFORMATION

LAST NAME	First Name	Middle initial	Date of Birth	Social Security No.

Pursuant to federal regulations, we collect responses to the questions below for planning and reporting purposes only. This information is optional and failure to provide it will have no effect on your application for employment.

Gender: ❑ Male ❑Female	**Ethnicity:** ❑ Caucasian ❑ Asian ❑ Hispanic ❑African American ❑Other_________	**Marital Status:** ❑Married ❑Single ❑Divorced ❑Widowed ❑Separated

Current Street Address (do not list P.O. Box	City	STATE	ZIP CODE

Home Phone	Cell Phone	Email Address

Is English your primary language? ❑ **Yes** ❑ **No**
If no, are you able to effectively communicate, read and write English? ❑ **Yes** ❑ **No**

Are you fluent in other language(s)?
❑ Spanish ❑ French ❑ Vietnamese ❑ Farsi ❑ Arabic ❑ Other:

How did you hear about us? ❑ Website/Internet ❑ Newspaper ❑ Other:____________________ ❑ Referral_____________________

Are you ever been employed by or applied for a position with our company? ❑ **Yes** ❑ **No**
If yes, when:

Will you work with a client that has pets? ❑Yes ❑No
❑ Dogs ❑ Cats ❑ Smokers

Mode of Transportation to work: ❑Bus ❑Metro ❑Privately own vehicle

Answer the question below only after reviewing the Job Description for the position you are applying for.
Are you able to perform the essential job functions of the position for which you are applying with or without reasonable accommodation? ❑Yes ❑No If No, explained:
We will provide reasonable accommodations (changes to the way things are normally done at work) employees who need them for medical or religious reasons, as required by law.

Emergency Contact Name	Relationship	Emergency Phone Number

HEALTH CARE EXPERIENCE, SKILLS AND QUALIFICATIONS

RN/LPN Skills (please Check all that apply):

VA Medicaid: ❑ Regulations ❑ Admissions ❑ Supervisory Visits ❑ Case Management

❑ Ventilator care ❑ Tracheostomy Care/change ❑ Foley Cath insertion
❑ Colostomy care ❑ Wound Care ❑ Wound Vac
❑ Burn Care ❑ Diabetes care/teaching ❑ Bowel/bladder training
❑ NG/ GT/JT feeding/care/insertion/change
❑ Hoyer lift ❑ Venipuncture ❑ IM/sub Q injection

CNA/HHA/PCA Skills (please Check all that apply)

Care Experience: ❑ Dementia/Alzheimer's
❑ Children w/Autism/developmental delay ❑ HIV
❑ Stroke

Transfers: ❑ Bed- wheelchair ❑ wheelchair-bed
❑ Hoyer Lift ❑ Pivot
❑Foley care ❑ GT Care
❑ Meal Preparation/cooking

EDUCATION & TRAINING

Circle highest grade completed : 1 2 3 4 5 6 7 8 9 10 11 12 If you did not complete high school, do you have a high school equivalency diploma? ❑ Yes ❑ No Circle number of years of post-high school education: 1 2 3 4 5 6 7

Name of Institution	Location: **CITY/STATE**	**Degree Received**	**Dates Attended**
		❑ Associates ❑ Bachelors ❑ Masters ❑ Doctorate	
		❑ Associates ❑ Bachelors ❑ Masters ❑ Doctorate	
		❑ Associates ❑ Bachelors ❑ Masters ❑ Doctorate	
		❑ Associates ❑ Bachelors ❑ Masters ❑ Doctorate	

PROFESSIONAL & NON-PROFESSIONAL LICENSES OR CERTIFICATES (including a valid Driver's License)

Type of License/Certificate	**License number**	**Expiration Date**	**State**	**Entity**

EMPLOYMENT HISTORY

Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect should you be employed. For purposes of compliance with The Immigration Reform and Control Act, are you legally eligible for employment in the United States? ❑ **Yes** ❑ **No.**

Are you currently employed? ❑ **Yes** ❑ **No** May we contact your present and past employer(s)? ❑ **Yes** ❑ **No**

Previous Employer	**Supervisor's Name**	**Phone Number**

Street Address	**City**	**State**	**Zip Code**

Position	**List Duties and Responsibilities:**

Start Date	**End Date**	**Reason for Living**

Previous Employer	**Supervisor's Name**	**Phone Number**

Street Address	**City**	**State**	**Zip Code**

Position	**List Duties and Responsibilities:**

Start Date	**End Date**	**Reason for Living**

Previous Employer	**Supervisor's Name**	**Phone Number**

Street Address	**City**	**State**	**Zip Code**

Position	**List Duties and Responsibilities:**

Start Date	**End Date**	**Reason for Living**

NON-COMPETE AGREEMENT

<u>Upon hiring,</u> I agree not to accept employment (whether temporary or permanent, full-time or part-time) from or on behalf of any person who is or was a client of Avalon In-Home Nursing and Rehabilitation, LLC. This restriction shall apply only to employment for the provision of services like those offered by the Agency and shall be in effect for a period of one year following termination of employment. In the event of a breach of this restrictive covenant the employee shall pay to the Agency (or have his/her new employer pay on his/her behalf) liquidated damages a placement fee in the amount of $2,500. **Applicants Initials:**

AT-WILL EMPLOYMENT STATEMENT

Your employment with **Avalon In-Home Nursing and Rehabilitation, LLC** is a voluntary one and is subject to termination by you or **Avalon In-Home Nursing and Rehabilitation** at will, with or without cause, and with or without notice, at any time. Nothing in Avalon In-Home Nursing and Rehabilitation policies shall be interpreted to conflict with or to eliminate or modify in any way the employment-at-will status of Avalon In-Home Nursing and Rehabilitation employees. This policy of employment-at-will may not be modified by any officer or employee and shall not be modified in any publication or document. The only exception to this policy is a written employment agreement approved at the discretion of the President or the Board of Directors, whichever is applicable. These personnel policies are not intended to be a contract of employment or a legal document. **Applicants Initials:**

DRUG-FREE WORKPLACE

I understand **Avalon In-Home Nursing & Rehabilitation** is a Drug-Free Workplace. Should I be offered a position, I may be asked to submit to a drug test prior to, and during employment. A positive testing result now or in the future may disqualify me from employment. I understand and agree to terms and information shown above. **Applicants Initials:**

REFERENCE AND BACKGROUND CHECKING

I consent **<u>Avalon In-Home Nursing & Rehabilitation</u>** to contact all references, former employers and educational institutions listed above regarding this application. I understand that if I am employed, false statements may result in immediate termination. I authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise. I agree to hold any and all reference sources harmless and free of any liability for releasing such information. **Applicants Initials:**

APPLICANT'S CERTIFICATION AND AKNOWLEDGEMENT

I hereby certify that all entries (on both sides and attachments) and facts set forth in this application for employment are true and complete. Information contained on this application may be disseminated to other agencies, government and nongovernmental organizations or systems on a need-to-know basis for good cause shown as determined by the agency head or designee. I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part of any employment in the service of Avalon In-Home Nursing and Rehabilitation, LLC.

I have received my job description. The Director of Nursing or his/her representative has reviewed and explained to me Avalon In-Home Nursing & Rehabilitation policies and procedures. I further understand that if I need further information about the stated policies and procedures I, on my own time can review The Agency's written policy and procedure manual.

I understand, if hire, my pay rate will be as follow: $__________per hour, $___________per visit. Mileage rate _________ per mile. I fully understand that my job status may be temporary and subject to change per assignment. All assignments will be determine by and approved by the appropriate Agency representative. All assignment changes including hours of service, schedule arrival & departure time, holidays and overtime must be pre-approved by the Agency and the client.

I_______________________________________have read and understand Avalon In-Home Nursing and Rehabilitation, LLC policies and procedure. I fully understand and agree to all the terms of this agreement.

Applicant's Signature:____Date: _________________________

Authorized Agency Representative:____________________________________Title:________________Date: _________