

Applicant's Name: \_\_\_\_\_ Application  
 for Employment.

PLEASE PRINT CLEARLY:

Date:

\_\_\_\_/\_\_\_\_/\_\_\_\_

Complete Care Solutions adheres to all federal, state, and local laws prohibiting discrimination. It is our policy to select the best qualified person on the basis of ability, experience, education, and training as related to the requirements of the specific position for which the applicant is being considered.

<p><b>Personal Information:</b>          Address: _____          _____          _____</p> <p>D.O.B. ____/____/____          S.S. Number _____          Telephone Number: _____</p> <p>Are you eligible to work in the United States? Yes ____, No ____.          (If hired, you will be required to provide verification of employment eligibility)</p> <p>Have you ever worked for Complete Care Solutions? Yes ____, No ____.          If yes, when? _____</p> <p><b>GENERAL INFORMATION:</b>          Are you able to perform the functions of this job: ____ with accommodation, ____ without accommodations. If you need accommodations how would you perform the task with those accommodations:          _____</p> <p>Have you ever been convicted of a criminal offense? ____ yes, ____ no.          If yes, please list date, place, charge, disposition and rehabilitation activities.          _____</p> <p>_____</p> <p>In answering this question, a record of criminal conviction will not necessarily bar you from employment. In making our decision, we will consider the nature of the job for which you are applying)</p> <p><b>EDUCATION:</b>          Highest grade completed (circle)          High School. (9 10 11 12)          College (1 2 3 4)          Name and location of last school attended _____</p> <p>Vocational or trade training: _____</p> <p>Extracurricular Activities while in school _____</p> <p>_____ Professional organization membership, honors received, volunteer or community service or other qualifications you have which you feel are related to the position for which you are applying.</p> <p>_____</p>	<p><b>Position Desired:</b>          Full time ____, Part time ____, Temporary ____, On-call ____, Per visit (no schedule hours) ____.</p> <p>Please indicate work schedule limitations, if any: _____</p> <p>Position(s) Desired: (1) _____          (2) _____</p> <p>Shift you can work: __ day, __ evening, ____ Either hours desired.</p> <p>Date you can start: _____</p> <p>How did you learn of this opening?          _____</p> <p><b>DESIRED SALARY:</b> _____</p> <p>References: List three persons who know you well. <b>Do not include relative or former employers.</b></p> <p>(1) Name: _____          Years acquainted with you: ____.          Phone Number: _____</p> <p>(2) Name: _____          Years acquainted with you: ____          Phone Number: _____</p> <p>(3) Name: _____          Years Acquainted with you: ____          Phone Number: _____</p> <p><b>EMPLOYMENT HISTORY:</b>          List below your work experience, starting with your most recent. Please specify other names under which you have worked.</p> <p>(1) (Date, Month, Year) From: _____ to _____</p> <p>Employer: _____</p> <p>Starting Salary: _____. Final Salary: _____</p> <p>Address: _____</p> <p>_____ Telephone Number: _____</p> <p>Name of immediate Supervisor: _____</p> <p>Job Title and Duty: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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**FOR PROFESSION REQUIRING LICENSING OR CERTIFICATION:**

Are you currently: \_\_\_ Registered, \_\_\_ Licensed, \_\_\_ Certified.

**ELIGIBLE FOR:**  
\_\_\_ Registration, \_\_\_ Licensure, \_\_\_ Certification.

**IF LICENSED, REGISTERED OR CERTIFIED:**

Type: (1) \_\_\_\_\_ State \_\_\_\_\_, Date issued \_\_\_\_\_, Date Exp. \_\_\_\_\_, License Number: \_\_\_\_\_.

(2) \_\_\_\_\_ State \_\_\_\_\_, Date issued \_\_\_\_\_, Date Exp. \_\_\_\_\_, License Number \_\_\_\_\_

**FOR RN/LPN ONLY:**

Check one: \_\_\_ RN, \_\_\_ LPN.

Area(s) of interest (check one or more) \_\_\_ home Care, \_\_\_ Administration. Are you interested in working: \_\_\_ Part-time, \_\_\_ full time, \_\_\_ Per visit, \_\_\_ on-call?

Do you have one or more years nursing experience? \_\_\_ yes, \_\_\_ No.

Do you have nursing experience within the last five Years? \_\_\_ Yes, \_\_\_ No. If no, when did you last work? \_\_\_\_\_.

Please check all the areas where you have worked.

\_\_\_ Home Care, \_\_\_ Dying Patients care, \_\_\_ Home Care Visits, \_\_\_ Geriatrics, \_\_\_ Oncology, \_\_\_ ICU/CCU, \_\_\_ Psychiatric, \_\_\_ Aids patient, \_\_\_ Nursing Home, \_\_\_ Administration.

Other: \_\_\_\_\_

**CNA/GNA/HHA/CMT/CMA ONLY.**

Do you have one or more years experience caring for clients? \_\_\_ Yes, \_\_\_ No.

Do you have experience within the last five years? \_\_\_ Yes, \_\_\_ No. If 'NO,' when did you last work? (Indicate Date) \_\_\_\_\_.

**PLEASE CHECK THE AREAS WHERE YOU HAVE WORKED.**

\_\_\_ home care shifts, \_\_\_ live-in, \_\_\_ Private duty home care through agency, \_\_\_ Private duty home care independently, \_\_\_ nursing home, \_\_\_ hospital, \_\_\_ with hospice patients.

Other: \_\_\_\_\_

**EMPLOYMENT HISTORY Continued.**

Reason for Leaving: \_\_\_\_\_

May we contact this employer? Yes \_\_\_ , No \_\_\_  
What did you like about this job? \_\_\_\_\_

(2) From: \_\_\_\_\_ to \_\_\_\_\_  
Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Starting salary: \_\_\_\_\_ Final Salary: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Job Title and Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer? Yes \_\_\_ , No \_\_\_  
What did you like about this job? \_\_\_\_\_

(3) From: \_\_\_\_\_ to \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Final Salary: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Job Title & Duties: \_\_\_\_\_

Reasons for leaving: \_\_\_\_\_

May we contact this employer? \_\_\_ Yes, \_\_\_ No.  
What did you like about this job? \_\_\_\_\_

**Acknowledgement of Terms and Conditions of Application: (please read and sign.)**

It is very important that you read this section carefully, and that you fully understand it before you sign it. This section affects your legal rights. If you have any question, please ask a member of the management team before you sign this application. In submitting this application, I understand that:

In exchange for Complete Care Solutions consideration of this employment application:

I promise that all information I have supplied in this application and any other form, or written is true and accurate. I agree that any misstated, misleading, incomplete, or false information is grounds for rejection and destruction of this application form, refusal to hire, withdrawal of an offer of employment, or immediate discharge without recourse, whenever and however discovered.

If hired, my employment is conditional (temporary) pending final approval, health clearance, satisfactory references, and successful completion of introductory period which can be extended at the discretion of the agency.

I understand and agree that I will be required to provide a physician's written statement that I am free from airborne communicable disease, and free from any impairment which would hinder the performance of assigned responsibilities. I understand that I may be subject to random drug and/or alcohol screening and testing designed to ascertain my suitability for employment and/or the job(s) for which I am being considered. I also understand and agree that I will be subject to such testing during the course of my employment, and I specifically agree not to oppose in any fashion such pre-hire or post-hire testing. I understand that subject to applicable laws, Complete Care Solutions shall be the sole judge of the acceptability of any test results.

I specifically authorize Complete Care Solutions to investigate my background, including any and all references, available criminal and other judicial records, where applicable to the position for which I am applying and consistent with applicable law. I understand that Complete Care Solutions will notify me if and when an investigation is performed, and the sources investigated. I authorize Complete Care Solutions to use all legal means at its disposal to assess my suitability for employment. I make this authorization and I specifically release and hold Complete Care Solutions harmless for any and all liabilities arising out of their investigation of my application for employment. Additionally, I voluntarily release from liability and/or damage, all parties who may issue or receive information regarding my application, or employment at Complete Care Solutions LLC.

I understand and agree that work schedules and requirements vary and can be unpredictable, and that, while Complete Care Solutions will make reasonable efforts to accommodate work schedules and employee availability, I may be required to work overtime, weekends, different shifts, or other arrangements. I consent to these requirements as necessary and legitimate conditions of employment. I also acknowledge I have been advised that Complete Care Solutions is an Equal Opportunity Employer, the agency does not discriminate against qualified individuals with a disability, and that the agency administers its employment policies in a non discriminatory manner.

I am responsible for the necessary transportation to and from work and will be geographically flexible to travel (if applicable). I understand that nothing contained in this application or in the granting of an interview is intended to create an employment contract between Complete Care Solutions and myself for employment or the providing of benefits. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon C.C.S. unless made in writing. If employment relationship is established, I understand that I have the right to terminate my employment at any time and that Complete Care Solutions retains a similar right. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND ANY APPLICANT FOR EMPLOYMENT OR PERSPECTIVE EMPLOYMENT OR ANY EMPLOYEE, TO SUBMIT TO OR TAKE A POLYGRAPH, LIE DETECTOR OR SIMILAR TEST OR EXAMINATION AS CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. Any employer who violates this provision is guilty of a misdemeanor and subject to a fine not to exceed \$100.

I have read and understand everything on this application.

Applicant's Printed

Name: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date:

\_\_\_\_/\_\_\_\_/\_\_\_\_

Complete Care Solutions 15867-A Crabbs Branch Way Rockville MD 20855  
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