

Harris Quality Care Services

2912 Allens Xng, Glen Allen, VA 23060

Application for Employment

It is required that you fill this application out accurately and completely.

Name: (First, Middle, Last) \_\_\_\_\_ Date: \_\_\_\_\_

DOB: \_\_\_\_\_ Gender: Male ( ) Female ( )

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

Mobile #: \_\_\_\_\_ Alternate #: \_\_\_\_\_ Email: \_\_\_\_\_

Position(s) applied for: \_\_\_\_\_ Desired Rate of Pay: \$ \_\_\_\_\_

Days Available to Work: \_\_\_\_\_ Hours Available to Work: \_\_\_\_\_

Are You Available to Work PRN:  Yes  No How Many Hours Can You Work Weekly: \_\_\_\_\_

Job Performance:

Do you have any medical issues that would prevent you from standing, lifting, and/or running?  Neck  HBP

Leg  other, please explain: \_\_\_\_\_

EDUCATION INFORMATION:

Table with 5 columns: School Attended, Address, Area of Studies, Degree/Diploma, Year Graduated. Contains 7 empty rows.

Do you possess a valid driver's license:  Yes  No Driver's license state: \_\_\_\_\_

Driver's license #: \_\_\_\_\_ License expiration date: \_\_\_\_\_

What is your means of transportation to work? \_\_\_\_\_

How did you hear about Harris Quality Care Services?

Indeed

Social Media: Facebook, Linked In, Instagram, Other: \_\_\_\_\_

Current/Former Employee Name: \_\_\_\_\_

**Please List 3 Job-Related References:**

Full Name:	Full Name:	Full Name:
Address:	Address:	Address:
Telephone #:	Telephone #:	Telephone #:

**WORK EXPERIENCE:**

Please list your work experience for the past five years beginning with your most recent job held. Attach additional sheets is necessary.

**Name of Employer:** \_\_\_\_\_ **Dates of Employment:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

**Complete Address:** \_\_\_\_\_

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

**List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this job:**

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**Name of Employer:** \_\_\_\_\_ **Dates of Employment:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

**Complete Address:** \_\_\_\_\_

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

**List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this job:**

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**Name of Employer:** \_\_\_\_\_ **Dates of Employment:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

**Complete Address:** \_\_\_\_\_

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

**List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this job:**

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**Disclosure Statement**

Please fill out the attached disclosure statement with truth and honesty. The statement is used to determine eligibility to work. The State of Virginia lists 176 barrier crimes in which if you are convicted of committing make you ineligible to work as a DBHDS Direct Consumer Care Provider regardless of when the crime was committed.

The Brambles is required to submit documentation to the VA Department of Social Services and the VA State Police. Any crimes that you have been convicted of regardless of how small or big (i.e. Traffic violations) must be listed on the Disclosure Statement. Failure to list will result in termination.

Have you ever been convicted of a crime?  Yes  No If Yes, please explain in detail :

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Have you ever been accused of abuse, neglect or exploitation?  Yes  No If Yes, please explain in detail :

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**The Documents listed below will need to be submitted prior to employment:**

- 1. Copy of Driver’s License**
- 2. Copy of SS Card or Birth Certificate**
- 3. Current Driving Record**
- 4. Copy of Highschool Diploma/GED, Transcript or College Diploma**
- 5. Copy of Training (if any – e.g. CPR First Aid, C.N.A, Medication Aid)**