EDVIN HOME HEALTHCARE SOLUTIONS, LLC.

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions of the position.

INSTRUCTIONS TO APPLICATION

A. Please fully and accurately complete the Application for Employment. Incomplete applications will not be considered. This company will use the information given in the application to verify your previous employment and background.

B. The Application for Employment will be considered inactive after 90 days. If you wish to be considered after that time, you must complete a new Application for Employment.

C. Resume will not be accepted in lieu of completed applications, but will be considered supplemental information.

D. If you are hired, proof of eligibility will be required to verify your lawful right to work in the United States. (Form I - 9 Work Eligibility)

9 Helen Court, Indian Head, MD 20640 Phone: 301-653-4916

EDVIN HOME HEALTHCARE SOLUTIONS, LLC.

APPLICATION FOR EMPLOYMENT

(Please Fill Out Completely)

Date of Application ______________________ Social Security Number _____/_____/_____

Print Full Name ____

Home Phone: ________________ Mobile: ____________________ Email: ______

Address ____

City ______________________ State ________________ Zip Code __________

Position Applied For ____

Documents required with this application (All) **Check if attached**

1. Thoroughly completed employment application ( )
2. Current Professional License (Signed), if any ( )
3. Current CPR card/First Aid (Signed) ( )
4. PPD/Chest X-Ray /Medical ( )
5. Employment Eligibility Verification (Form I-9) ( )
6. Two employment reference letter (phone # included) ( )
7. Three personal reference letter (phone # included) ( )
8. Driver's License/ State Issue ID card (Signed) ( )
9. Copy of Social Security Card (Bring original signed copy to interview) ( )
10. Two years of experience working in the field ( )
11. Background Check (**a must**) ( )
12. Any other information you have for employment ( )

If you do not have all the documents above, please tell us when it will be available:

____

____

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EDVIN HOME HEALTHCARE SOLUTIONS, LLC.

EMPLOYMENT REFERENCE FORM

Name of Employer: ______________________ Position: ______________

Address:

____

Department: ____________ Supervisor: ______________ Phone: ____________

The person whose signature appears beneath mine has applied to Edvin Home Healthcare Solutions, LLC. for employment and has submitted your name as a former employer for reference purposes. The serious nature of our responsibility to our clients is such that any consideration of the individual by Edvin Home Healthcare Solutions, LLC. is dependent upon receipt of satisfactory references. We would, therefore, appreciate your cooperation in replying to the questions below. Please be assured that your response will be kept in the strictest confidence. Thank you in advance for this courtesy.

____
Agency Rep.

I hereby authorize you to fulfill the above request for information.

____
Applicant's Signature

Applicant's Name____________________ Social Security #: ____________

Position held in your employ:____________________ Unit/Area worked:____________

Employment dates: From________________________ To: ____________

Did applicant resign or was he/she terminated__________ Eligible for rehire? Yes ☐ No ☐

Reason for leaving____

Was this a travel assignment? Yes ☐ No ☐

PERSONAL EVALUATION:	VERY GOOD	SATISFACTORY	FAIR	POOR
Quality of work				
Flexibility				
Attitude				
Emotional Stability				
Adaptability to work under pressure				
Dependability / Attendance / Punctuality				
Cooperation / Ability to get along with others				

Comments: ____

____

____

Date: ______________________

Signature: ______________________

Title: ______________________

For Office Use Only
Reference done by:
_______ Phone _______Mail _______Fax
Date: __________
Initials: __________

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EDVIN HOME HEALTHCARE SOLUTIONS, LLC.

CHARACTER REFERENCE VERIFICATION

Applicant Name: ____________________ Position: ____________________

Character Reference Name: ____________________ Occupation: ____________________

Please answer all questions and provide additional information as requested

1) Are you related to the applicant? □ Yes □ No If yes, please explain: __________
2) How many years have you known applicant? __________
3) In what context have you known applicant (supervisor, colleague, friend, etc) __________

____

Please answer all questions to the best of your knowledge

4) Have you ever had to question the applicants reputation for:
   a. Honesty □ Yes □ No □ Don't know
   b. Trustworthiness □ Yes □ No □ Don't know
   c. Diligence □ Yes □ No □ Don't know
   d. Reliability □ Yes □ No □ Don't know
   e. Good character □ Yes □ No □ Don't know
   f. Maturity □ Yes □ No □ Don't know

Please indicate your overall recommendation for this applicant

□ Highly recommended □ Recommended, but with reservations

□ Recommended □ Not recommended

For Internal Use Only

Results: ____

Date Checked: ____________________ *By Phone* □ *By Mail* □ *By Fax* □

Signature: ____________________ *Date:* __________

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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		**1.** Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		**1.** Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		**2.** ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		**2.** Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		**3.** School ID card with a photograph		**3.** Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)		**4.** Voter's registration card		**4.** Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form		**5.** U.S. Military card or draft record		**5.** Native American tribal document
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		**6.** Military dependent's ID card		**6.** U.S. Citizen ID Card (Form I-197)
		7. U.S. Coast Guard Merchant Mariner Card		**7.** Identification Card for Use of Resident Citizen in the United States (Form I-179)
		8. Native American tribal document		**8.** Employment authorization document issued by the Department of Homeland Security
		9. Driver's license issued by a Canadian government authority		
		For persons under age 18 who are unable to present a document listed above:		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)

EDVIN HOME HEALTHCARE SOLUTIONS, LLC.

EMPLOYMENT APPLICATION FORM

PART A: PERSONAL INFORMATION		
Title: Mr. /Miss /Mrs. Other (Please specify)	Forename(s):	Surname:
Home Address:	Correspondence Address (If different:	
Home Telephone: Work Telephone: May we contact you at work? Yes/ No		Date of Birth:
Are you a citizen of the United States? Yes/ No If no, are you eligible to work in the United States? Yes/ No Do you have a work permit or a right to work Visa? Yes/ No		
Have you ever been convicted of a misdemeanor or felony? Yes/ No If yes, please explain the circumstances of the conviction.		

PART B: EDUCATION AND TRAINING			
High School Name and Address	Dates Attended:	Diploma Received? Yes No	Area of Study
Colleges/ Training Schools	Dates Attended:	Diploma Received? Yes No	Area of Study
Professional trainings/ qualifications with dates and levels obtained			

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PART C: PRESENT AND PAST WORK HISTORY

Present or most recent employer and address:	Dates (month/ year)	Position Held and Duties:	Reason for leaving
Starting Salary: Ending Salary:		May we contact this employer? Yes/ No If no, please indicate reason.	

PART D: WORK HISTORY

Give details of your work history with the most recent listed first: ONE

Employer and address:	Dates (month/ year)	Position Held and Duties:	Reason for leaving
Starting Salary: Ending Salary:		May we contact this employer? Yes/ No If no, please indicate reason.	

PART D: WORK HISTORY

Give details of your work history with the most recent listed first: TWO

Employer and address:	Dates (month/ year)	Position Held and Duties:	Reason for leaving
Starting Salary: Ending Salary:		May we contact this employer? Yes/ No If no, please indicate reason.	

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PART E: SUPPORTING STATEMENT

Please indicate all relevant experience, skills and work history that relate to the job description of which you have applied. Please print clearly. All illegible entries will not be considered.

(attach additional sheets if necessary)

PART F; MEDICAL HISTORY

What absences due to illness have you had from work for the last two years?

Do you have any illness that will present you from performing the duties of the position of which you have applied?
Yes/ No

If yes, please indicate

Can you lift a weight of seventy pounds? Yes/ No

PART G; REFERENCES

Please list three character references of which we may contact.

Name	Relationship	Years of Affiliation	Telephone number

PART H; DECLARATION

By signing below I, ________________________________, on the date of ____________________, hereby certify that all information included in the above application is true and valid to the best of my knowledge. I also understand that misrepresentation or falsification of the information provided above will result in my immediate disqualification from the selection process and dismissal from any position appointed to by the Agency after discovery.

Name: ______________________________ Date: ____________________

Signature: ______________________________ Date: ____________________

EDVIN HOME HEALTHCARE SOLUTIONS, LLC.

PROFESSIONAL LICENSE VERIFICATION

Professional license ______________________ Effective date (s) ______________

Registry or certification ______________________ Effective date (s) __________

Out or State licenses____

Is registration or licensing pending? ____________________________________

To your knowledge, are you currently the subject of a complaint or are you under investigation by any professional licensure or registration body (such as a State Attorney Grievance Commission or a State Board of Nursing? ( ) Yes ( ) No If you answer "yes", please note bellow all details known to you regarding this complaint or investigation.________________________________

____

Has your license ever been suspended or revoked or have you otherwise been reprimanded, disciplined or sanctioned by any professional licensure or registration body? ( ) Yes ( ) No

If your answer is "yes" please explain ________________________________

Are you currently the subject of any criminal or other charges that could affect your license or registration to practice in your profession if found meritorious ( ) Yes ( ) No

If your answer is "yes' please explain ________________________________

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____

Is any non-complete, non-solicitation, non-disclosure, or similar agreement applicable to your current activities? ( ) Yes ( ) No

If your answer is "yes" attach a copy of the agreement to this application.

EDVIN HEALTHCARE SOLUTIONS, LLC . WILL VERIFY ALL NURSING LICENSES THROUGH MARYLAND BOARD OF NURSING (MBON)

______________________________ ______________________________

Signature of applicant Date

EDVIN HOME HEALTHCARE SOLUTIONS, LLC.

CONFIDENTIAL AGREEMENT

READ CAREFULLY AND SIGN BELOW IF YOU AGREE TO THESE TERMS OF EMPLOYMENT

I agree that except at the request and for the benefit of **Edvin Home Healthcare Solutions LLC.** I will not disclose to anyone or use for my own purposes any of **Edvin Home Healthcare Solutions LLC.** confidential or proprietary information, either during or after my employment. I understand and agree that **Edvin Home Healthcare Solutions LLC.** bidding, costs, pricing and marketing information and techniques, customer names and information, and employee name and information are confidential and proprietary to **Edvin Home Healthcare Solutions LLC.**

I certify that this application contains no willful misrepresentation or falsifications and that this information given by me is true and complete to the best of my knowledge and belief. I authorized **Edvin Healthcare Solutions, LLC.** to contact all sources to verify the information on this application. I understand that any falsification, misrepresentation or fraudulent information provided by me in connection with my application for employment is sufficient grounds for withdrawal of an employment offer or immediate discharge.

I understand that this application is not a contract of employment.

I authorized and request my former employers, references, and educational institutions which have information about me, to give **Edvin Home Healthcare Solutions LLC.** any and all information and opinions about me in their possession and which may lawfully be disclosed. I hereby waive written notice of such release of information and opinions, and release such former employers, references, and educational institutions from any liability or claim relating to such release of information and opinions. I also authorized and request federal, state, and local governmental agencies to release to **Edvin Home Healthcare Solutions LLC** any information requested, concerning any criminal convictions on my record. A photocopy of this signed authorization and waiver shall be valid as an original.

Signature of applicant: ______________________ Date: ______________________

EDVIN HOME HEALTHCARE SOLUTIONS, LLC.

CONFLICT OF INTEREST

I acknowledge that I have read the company policy statement concerning conflict of interest and I hereby declare that neither I, nor any other business to which I may be associated, nor, to the best of my knowledge, any member of my immediate family has any conflict between our personal affairs or interests and the proper performance of my responsibilities for the company that would constitute a violation of that company policy. Furthermore, I declare that during my employment, I shall continue to maintain my affairs in accordance with the requirements of said policy.

____________________________ ____________________________

Signature of Applicant Date

RELEASE OF INFORMATION

I hereby authorized all prior employers, schools, credit bureaus, Social security Administration. Law enforcement agencies and investigative agencies to give **Edvin Home Healthcare Solutions LLC.** any and all information concerning my previous employment and any pertinent information they may have personal or otherwise, concerning my qualifications for the position applied for. I release to **Edvin Home Healthcare Solutions LLC** and all its employees form all liability for any damage that may result from furnishing information to **Edvin Home Healthcare Solutions LLC** I also release to **Edvin Home Healthcare Solutions LLC.** and all its employees from all liability for any damage that may result from reliance on the information furnished. I understand that if a consumer investigative report is requested, I have the right under the Fair Credit Reporting Act to request in writing, within a reasonable time, a complete and accurate disclosure of the nature and scope of the investigation. This written request should be addressed to the location where this application is filed.

Full Name (Please Print) ____________________ Social Security Number ______ /______/ ______

Signature of Applicant ___________________________ Date: _______/ _______/________

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