

SITTERS COMPANION ADULT CARE IS AN EQUAL OPPORTUNITY EMPLOYER AND UPHOLDS THE PRINCIPLES OF EQUAL OPPORTUNITY EMPLOYMENT. IT IS SITTERS COMPANION ADULT CARE TO PROVIDE EMPLOYMENT WITHOUT REGARD TO RACE, COLOR, RELIGION, NATIONALS ORIGIN, AGE, SEX, VETERAN STATUS, DISABILITY, OR ANY OTHER BASIS PROHIBITED BY FEDERAL OR STATE LAWS. AS AN EQUAL OPPORTUNITY EMPLOYER, SITTERS COMPANION ADULT CARE INTENDS TO COMPLY FULLY WITH ALL FEDERAL AND STATE LAWS. ANY INFORMATION REQUESTED ON THIS APPLICATION IS INTENDED TO ALLOW YOU, THE APPLICANT, TO PROVIDE SITTERS COMPANION ADULT CARE WITH INFORMATION SO THAT YOUR QUALIFICATIONS CAN BE FAIRLY DETERMINED FOR THE POSITION(S) WHICH YOU ARE APPLYING. PLEASE ANSWER ALL QUESTIONS COMPLETELY, AND PRINT CLEARLY IN INK. (PLEASE BE SURE TO SIGN AND DATE)

Personal Information

First Name	Last Name	Social Security No.	Date of Birth	
Physical Address		Ste/Apt	City	State
Mailing Address (<input type="checkbox"/> Same as Physical Address)		Ste/Apt	City	State
Home Phone (<input type="checkbox"/> Same as Mobile Number?)	Mobile Phone (<input type="checkbox"/> Receive SMS/TXT?)	Referred By		

Position: _____	When can you start?	Salary Desired
Shift: _____		\$

Pre-Employment Questions

Are you employed now?	Yes____ No____
If so, may we inquire of your present employer?	Yes____ No____
Are you legally authorized To work in the U.S.?	Yes____ No____
Are you 18 years or older?	Yes____ No____
Have you ever been previously employed by Sitters Companion Adult Care Group, Inc?	Yes____ No____

Where?	When?
How did you hear about Sitters Companion Adult Care?	
<input type="checkbox"/> Website/Google Search	<input type="checkbox"/> Facebook
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> TV/Radio Ad
<input type="checkbox"/> Friend/Relative	Name of Friend/Relative: _____
<input type="checkbox"/> Sitters Employee	Name of Employee: _____

Are You ineligible to be employed with Virginia Licensed Health care entity as a result of being found guilty by a court of law for abuse, neglect, mistreatment of individuals in a Health Care related setting?	Yes____ No____
If Yes, please explain:	

Are you able to perform all of the duties required by the position for which you are applying without endangering yourself of compromising the safety, health, or Welfare of the patients/clients or Sitters personnel ?	Yes____ No____
If No, please explain:	

Education History

	Name and Location of School	Years Attended	Did you Graduate?	Degree/Diploma?	Major/Concentration
High School					
College/University 2-Year _____ 4-Year _____					
Trade/Business/ Vocational/Technical					

Licensure/Certification/Registration

Type of License or Certification	Registration Number	Date Achieved	Date Expires
1.			
2.			
3.			

Special Skills

List any skills that you feel are relevant to the position which you are applying

1.	2.
3.	4.
5.	6.

3216 High Street, Portsmouth, VA



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instagram.com/sittersadultcare

(757) 610-8749



We are an
Equal Opportunity Employer

Bonded and Insured
 24 Hour Availability

Employment History

Name of Employer:	Phone Number:
Address _____ City _____ State _____ Zip _____	Employed: From: _____ To: _____
Name of Supervisor:	Hourly Rate of Pay: \$
Position and Responsibilities:	Start Rate: \$ Last Rate: \$
Reason for Leaving:	Currently Employed Here? Yes _____ No _____
May we contact this employer? Yes _____ No _____ If no, Explain:	

Name of Employer:	Phone Number:
Address _____ City _____ State _____ Zip _____	Employed: From: _____ To: _____
Name of Supervisor:	Hourly Rate of Pay: \$
Position and Responsibilities:	Start Rate: \$ Last Rate: \$
	Reason for Leaving:
May we contact this employer? Yes _____ No _____ If no, Explain:	

Name of Employer:	Phone Number:
Address _____ City _____ State _____ Zip _____	Employed: From: _____ To: _____
Name of Supervisor:	Hourly Rate of Pay: \$
Position and Responsibilities:	Start Rate: \$ Last Rate: \$
	Reason for Leaving:
May we contact this employer? Yes _____ No _____ If no, Explain:	

Military Service

Branch	From:	To:
Rank and Duties:		
Specialized Training:		

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APPLICANT CERTIFICATION AND AUTHORIZATION

References

Please give the Names of friends and/or relatives, if any currently employed by Sitters Companion Care

Name:	Address:	Phone: () -
Name:	Address:	Phone: () -
Name:	Address:	Phone: () -

Please give the Names of friends or co-workers (not relatives) you wish to use as personal references

Name:	Address:	Phone: () -
Name:	Address:	Phone: () -
Name:	Address:	Phone: () -

Please read the following statements completely and carefully before you initial and sign your name

THE APPLICANT HEREBY CERTIFIES THAT THE ANSWERS GIVEN ON THIS APPLICATION FOR EMPLOYMENT, INCLUDING ANY STATEMENTS OR ANSWERS PROVIDED BY THE APPLICANT DURING INTERVIEW, ARE TRUE AND CORRECT. THE APPLICANT FULLY AUTHORIZES SITTERS COMPANION ADULT CARE TO CONTACT ANY REFERENCES, PAST AND PRESENT, EMPLOYERS, PERSONAL REFERENCES, SCHOOLS, LAW ENFORCEMENT AGENCIES AND ANY OTHER SOURCES OF INFORMATION WHICH MAY BE NECESSARY FOR THE APPLICANT AND THIS EMPLOYMENT APPLICATION. IT IS UNDERSTOOD AND AGREED THAT ANY MISREPRESENTATION, FALSE STATEMENT, OR OMISSIONS BY THE APPLICANT WILL BE SUFFICIENT REASON FOR REJECTION OF THE APPLICATION FOR EMPLOYMENT OR FOR DISMISSAL FROM EMPLOYMENT AT ANY TIME, WITHOUT OR LIABILITY TO SITTERS COMPANION ADULT CARE. I HAVE READ AND UNDERSTAND AND AGREE TO THE ABOVE STATEMENT.

PRINT FULL NAME OF APPLICANT		
FIRST NAME	LAST NAME	
SIGNATURE OF APPLICANT	PLEASE INITIAL HERE	DATE

Workplace Standards Code of Conduct and Ethics

IF EMPLOYED, THE APPLICANT AGREES TO FULLY ABIDE BY ALL STAFF CONDUCT AND WORKPLACE STANDARDS, INCLUDING (BUT NOT LIMITED TO) PROFESSIONAL ETHICS, SAFETY RULES, AND SITTERS COMPANION ADULT CARE CODE OF CONDUCT (LISTED IN THE COMPANIES POLICIES AND PROCEDURES). THE APPLICANT UNDERSTANDS THAT SITTERS COMPANION ADULT CARE IS COMMITTED TO MAINTAINING AN ALCOHOL AND DRUG FREE WORKPLACE. THE APPLICANT IS INFORMED THAT SITTERS COMPANION ADULT CARE REQUIRES BACKGROUND CHECKS AND A DRUG SCREENINGS (IF DEEMED NECESSARY)

PRINT FULL NAME OF APPLICANT		
FIRST NAME	LAST NAME	
SIGNATURE OF APPLICANT	PLEASE INITIAL HERE	DATE

Application Retention Agreement

THE APPLICANT IS INFORMED THAT THIS APPLICATION WILL REMAIN ON FILE FOR 90 DAYS FOR CONSIDERATION. AFTER 90 DAYS, IF THE APPLICANT REMAINS INTERESTED IN A POSITION WITH SITTERS COMPANION ADULT CARE IT WILL BE NECESSARY FOR THE APPLICANT TO CONTACT SITTERS COMPANION ADULT CARE FOR FURTHER CONSIDERATION

PRINT FULL NAME OF APPLICANT		
FIRST NAME	LAST NAME	
SIGNATURE OF APPLICANT	PLEASE INITIAL HERE	DATE

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OFFICE USE ONLY

AUTHORIZED BY:

DATE

BACKGROUND CHECK CONDUCTED? YES _____ NO _____

DATE

VERIFIED BY:

DATE

INTERVIEW COMMENTS:

INTERVIEWED BY:

Title	Date	Time

HIRED? YES _____ NO _____ (IF YES): START DATE: _____

AUTHORIZED BY:

FIRST NAME

 LAST NAME

 PLEASE INITIAL HERE

TITLE OF AUTHORIZED PERSONNEL

SIGNATURE

DATE

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