Health Is Wealth 24Seven

24/7 Care. Every Day. • Compassionate Home Health Care

Cross Junction, Virginia | (845) 326-7905 | www.healthiswealth24seven.com

APPLICATION FOR EMPLOYMENT

We are an Equal Opportunity Employer. All applicants are considered without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, age, disability, veteran status, or any other status protected by federal, state, or local law.

Please complete every section. You can type directly into this form, save it, and email it back, or print it and return it to the office. Incomplete applications may delay consideration.

Date of application

1. POSITION APPLIED FOR

- ☐ Personal Care Aide (PCA)
- ☐ Home Health Aide (HHA)
- ☐ Certified Nursing Assistant
- ☐ Companion / Sitter
- ☐ Licensed Practical Nurse
- ☐ Registered Nurse
- ☐ Scheduler / Office
- ☐ Other (specify below)

Other position / desired title

Desired hourly rate

Date available to start

Employment type sought:

- ☐ Full-time
- ☐ Part-time
- ☐ PRN / As-needed
- ☐ Live-in

How did you hear about us? (website, referral, job board, name of employee who referred you)

2. APPLICANT INFORMATION

Last name

First name

Middle initial

Other names used (maiden / former)

Cell phone

Alternate phone

Email address

Date of birth (18+ required)

Street address

Apt / Unit

City

State

ZIP

How long at this address

Emergency contact

Name

Relationship

Phone

Are you 18 years of age or older?	☐ Yes	☐ No
Are you legally authorized to work in the United States? (Proof required upon hire — Form I-9)	☐ Yes	☐ No
Have you ever applied to or worked for this company before? If yes, give dates below.	☐ Yes	☐ No
Do you have any relatives or friends currently employed by this company? If yes, list names below.	☐ Yes	☐ No

3. AVAILABILITY

Mark every shift you are available to work. Home care clients often need weekend, overnight, and holiday coverage.

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Day (7a–3p)	☐	☐	☐	☐	☐	☐	☐
Evening (3p–11p)	☐	☐	☐	☐	☐	☐	☐
Overnight (11p–7a)	☐	☐	☐	☐	☐	☐	☐

Minimum hours per week wanted

Maximum hours per week wanted

Available on holidays? (Y/N)

Any days, times, or dates you are NOT available (school, second job, standing appointments):

4. EDUCATION & TRAINING

High school / GED

School name & location

Years attended

Graduated / GED? (Y/N)

College, vocational, or nursing program

School name & location

Course of study

Degree / Diploma

Aide or nursing training program (if applicable)

Program name & location

Hours completed

Completion date

5. LICENSES, CERTIFICATIONS & SCREENINGS

Copies of all certificates and cards must be provided before your first shift.

Check all that you currently hold:

- ☐ CNA
- ☐ HHA
- ☐ PCA / Personal Care
- ☐ Med Aide
- ☐ LPN
- ☐ RN
- ☐ CPR / BLS
- ☐ First Aid
- ☐ Dementia care
- ☐ Hoyer / transfer
- ☐ Med administration
- ☐ None yet

Primary license / certification number

Issuing state

Expiration date

CPR expiration

Has any license or certification of yours ever been suspended, revoked, denied, or subject to disciplinary action? ☐ Yes ☐ No

Have you ever been named in a founded complaint of abuse, neglect, or exploitation, or listed on any abuse or nurse aide registry? ☐ Yes ☐ No

Have you had a TB (tuberculosis) screening within the last 12 months? ☐ Yes ☐ No

Date of most recent TB test / chest X-ray

Result

Date of last physical exam

If you answered YES to any question above, explain fully (attach a separate sheet if needed):

6. CAREGIVING EXPERIENCE & SKILLS

Check all tasks you are trained and comfortable performing:

- [ ] Bathing / hygiene
- [ ] Dressing / grooming
- [ ] Toileting / incontinence
- [ ] Transfers / lifting
- [ ] Meal prep / feeding
- [ ] Medication reminders
- [ ] Light housekeeping
- [ ] Laundry
- [ ] Dementia / Alzheimer's
- [ ] Hospice / end of life
- [ ] Pediatric care
- [ ] Vitals / charting
- [ ] Hoyer lift
- [ ] Catheter / ostomy care
- [ ] Range-of-motion exercises
- [ ] Transportation / errands

Total years of caregiving experience

Languages spoken besides English

7. EMPLOYMENT HISTORY

List your last three employers, most recent first. Include any gaps of 30 days or more. We may contact these employers as part of reference verification.

Employer 1

Company name | Phone | Supervisor

City / State | Your job title | From (mo/yr) | To (mo/yr)

Duties | Reason for leaving

Starting pay | Ending pay | May we contact this employer? (Y/N) | If no, why not

Employer 2

Company name | Phone | Supervisor

City / State | Your job title | From (mo/yr) | To (mo/yr)

Duties | Reason for leaving

Starting pay | Ending pay | May we contact this employer? (Y/N) | If no, why not

Employer 3

Company name | Phone | Supervisor

City / State | Your job title | From (mo/yr) | To (mo/yr)

Duties | Reason for leaving

Starting pay | Ending pay | May we contact this employer? (Y/N) | If no, why not

Explain any gaps in employment of 30 days or longer:

8. PROFESSIONAL REFERENCES

Provide three references who are not relatives and who can speak to your work. At least two should be work-related.

	Relationship	Phone	Email
1. Full name			
2. Full name			
3. Full name			

9. TRANSPORTATION & DRIVING

Caregivers travel between client homes and may transport clients to appointments.

Do you have reliable transportation to and from client homes? ☐ Yes ☐ No

Do you have a valid driver's license? ☐ Yes ☐ No

Do you carry current automobile liability insurance? ☐ Yes ☐ No

Are you willing to transport clients in your own vehicle? ☐ Yes ☐ No

Driver's license number	State	Expiration	Insurance carrier

Have you had any moving violations or at-fault accidents in the last three years? If yes, explain below. ☐ Yes ☐ No

10. CRIMINAL HISTORY DISCLOSURE

Virginia law (Va. Code § 32.1-162.9:1 and 12VAC5-381-110) requires every home care organization to obtain a Virginia State Police criminal history record report and a sworn disclosure statement for each applicant. A criminal record does not automatically bar employment; each case is reviewed individually, except where the law specifically prohibits hiring. Failure to disclose is grounds for denial of employment or immediate termination.

Have you ever been convicted of, or pled guilty or no contest to, any criminal offense other than a minor traffic violation? ☐ Yes ☐ No

Do you have any criminal charges currently pending against you? ☐ Yes ☐ No

Have you ever been convicted of a barrier crime as defined in Va. Code § 19.2-392.02 (including offenses against persons, abuse or neglect of an incapacitated adult or child, or certain drug offenses)? ☐ Yes ☐ No

If YES to any of the above, list each offense, the date, the jurisdiction, and the disposition:

A copy of the Virginia sworn disclosure statement will be provided for signature at the time of hire.

11. AUTHORIZATION, CERTIFICATION & SIGNATURE

Accuracy of information. I certify that all statements made on this application and on any attachment are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation is grounds for refusal of employment or, if I am hired, for immediate termination regardless of when it is discovered.

Background and registry checks. I authorize Health Is Wealth 24Seven to obtain a Virginia State Police criminal history record report, to check the Virginia Child Protective Services Central Registry and any applicable adult protective services or nurse aide registry, to verify my driving record, and to verify my professional licenses and certifications. I understand a criminal record report must be obtained within 30 days of employment and that I may not have unsupervised direct contact with clients before it is received.

Reference and employment verification. I authorize the employers, schools, and references listed on this application to give Health Is Wealth 24Seven any information regarding my employment, education, character, and qualifications, and I release them and Health Is Wealth 24Seven from any liability arising from providing or receiving that information.

Health screening. I understand that employment is conditioned on providing documentation of a tuberculosis screening consistent with Virginia Department of Health requirements and on being physically able to perform the essential functions of the job, with or without reasonable accommodation.

Drug-free workplace. I understand this company maintains a drug-free workplace and that I may be required to submit to pre-employment and reasonable-suspicion drug testing as a condition of employment and continued employment.

At-will employment. I understand that if hired, my employment is at will and may be terminated at any time, with or without cause or notice, by either me or the company, and that nothing in this application creates a contract of employment.

Equal opportunity. I understand that Health Is Wealth 24Seven is an Equal Opportunity Employer and does not discriminate on any basis protected by federal, state, or local law.

By signing below I confirm that I have read, understand, and agree to each statement above.

Applicant signature (type your full legal name to sign electronically)

Date signed

Print full legal name

Last 4 of SSN (optional at this stage)

FOR OFFICE USE ONLY

Date received

Reviewed by

Interview date

Disposition

HOW TO RETURN THIS APPLICATION

Call (845) 326-7905 to speak with our office, or use the contact form at www.healthiswealth24seven.com.
You may email the completed PDF, drop it off, or mail it to our office.

Please be ready to provide the following before your first shift:

- Government-issued photo ID and Social Security card (Form I-9)
- TB test results from the last 12 months
- CNA / HHA / PCA certificate, CPR and First Aid cards
- Driver's license and proof of auto insurance