



# Personal Care Preferred Group APPLICATION FOR EMPLOYMENT

FOR OFFICE USE ONLY	
Hire date	_____
Certificate	_____
BkCheck	_____
Rate of Pay	_____

(An Equal Opportunity Employer)  
A Drug-Free Environment

Date: \_\_\_\_\_

## Personal Care Preferred Group

### PERSONAL TOUCH HOME CARE SERVICES

11042 Blue Star Hwy.  
P.O. Box 305  
Stony Creek, VA 23882  
1.800.598.9854  
434.246.3110  
434.246.4213 fax

2200 Boulevard  
Suite E  
Colonial Heights, VA 23834  
804.526.3117  
804.526.9588 fax

107 Maifeld Ave.  
Waverly, VA 23890  
804.834.1065  
804.834.1066 fax

### MOORE HOME CARE SERVICES

404 S. Main St.  
P.O. Box 111  
Emporia, VA 23847  
434.348.8861  
434.348.0661 fax

### SOUTHERN TOUCH HEALTH CARE SERVICES

43 Rives Rd.  
P.O. Box 1687  
Petersburg, VA 23805  
1.800.974.6959  
804.733.9511  
804.733.9577 fax

130 West Hicks St.  
Lawrenceville, VA 23868  
1.800.974.6959  
434.848.2903  
434.848.2905 fax

Full Legal Name: \_\_\_\_\_  
LAST FIRST MI

Address: \_\_\_\_\_  
NUMBER STREET

\_\_\_\_\_ CITY STATE ZIP

Social Security Number: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell. Phone: \_\_\_\_\_

\*Position Applied For: \_\_\_\_\_ Full Time [ ] Part Time [ ]

Are you 18 years or older? \_\_\_\_\_ Birth date if under 18 years of age: \_\_\_\_\_

In an emergency notify: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact #: \_\_\_\_\_ Work #: \_\_\_\_\_

## EDUCATION

	Name and Location of School	Course of Study	Number of Years Completed	Diploma or Degree Received
High School				
College				
Vocational or Trade School				
Graduate Work				

## FOR PROFESSIONAL APPLICANTS ONLY - Complete the section below:

License or certificate number: \_\_\_\_\_

Are you licensed by Virginia? \_\_\_\_\_ Are you licensed by another state? \_\_\_\_\_

If so, by which state? \_\_\_\_\_ Last renewal date for license? \_\_\_\_\_

Have you applied for a Virginia license? \_\_\_\_\_ Date applied: \_\_\_\_\_

Professional memberships: \_\_\_\_\_

*\*Please note an application for nursing assistant positions must be accompanied by a copy of certificate of completion or state license to be considered for hire.*

What date would you be available to begin work? \_\_\_\_\_

Are you legally eligible to be employed in the United States? YES [ ] NO [ ]  
(Proof of identity and eligibility will be required upon employment)

Have you ever been convicted of any law violation(s), not including moving traffic violations?  
YES [ ] NO [ ] If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*(A conviction will not necessarily result in the denial of employment.)*

Have you ever worked for this Company before? YES [ ] NO [ ]  
If yes, When? (Give dates) \_\_\_\_\_ Job Title: \_\_\_\_\_

Are you currently employed elsewhere? YES [ ] NO [ ]

Do you have any relatives or friends who work for the Company? YES [ ] NO [ ]  
If yes, who and where do they work? \_\_\_\_\_

Are you available to work: DAYS [ ] NIGHTS [ ] WEEKENDS [ ] FULL TIME [ ]  
If you cannot work full time, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Days and Hours Available *(If employed, I will notify my supervisor in writing, should my availability change.)*

[ ] Sunday - From: \_\_\_\_\_ To: \_\_\_\_\_  
[ ] Monday - From: \_\_\_\_\_ To: \_\_\_\_\_  
[ ] Tuesday - From: \_\_\_\_\_ To: \_\_\_\_\_  
[ ] Wednesday - From: \_\_\_\_\_ To: \_\_\_\_\_  
[ ] Thursday - From: \_\_\_\_\_ To: \_\_\_\_\_  
[ ] Friday - From: \_\_\_\_\_ To: \_\_\_\_\_  
[ ] Saturday - From: \_\_\_\_\_ To: \_\_\_\_\_

References (Other than supervisors or relatives; list name, address, occupation, & phone #)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please name all of the medical equipment that you are able to use:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you capable of lifting 10- 25 lbs? YES [ ] NO [ ]

Have you ever used a lift machine? YES [ ] NO [ ]

If so what type? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT HISTORY** (Please list most recent employment first.)

Name of Employer	Telephone Number
Full Address (Including Street, City, State & Zip)	Supervisor's Name and Title
Dates Employed: From (Month/Day/Year) _____ To (Month/Day/Year) _____	Rate of Pay: Beginning _____ End _____
Reason for Leaving	
What was your position? _____ Describe work performed: _____ _____ _____	
Name of Employer	Telephone Number
Full Address (Including Street, City, State & Zip)	Supervisor's Name and Title
Dates Employed: From (Month/Day/Year) _____ To (Month/Day/Year) _____	Rate of Pay: Beginning _____ End _____
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Dates Employed: From (Month/Day/Year) _____ To (Month/Day/Year) _____	Rate of Pay: Beginning _____ End _____
Reason for Leaving	
What was your position? _____ Describe work performed: _____ _____ _____	

I hereby certify that the forgoing statements are true and correct to the best of my knowledge, and hereby grant Personal Care Preferred Group or its subsidiaries permission to verify such answers. I understand that any false statements or omission of facts on this employment application in the granting of an interview is intended to create an employment contact between Personal Care Preferred Group and myself. If employed, I understand that I have the right to terminate my employment at any time and that Personal Care Preferred Group retains the same right. If employed I may be subject to random drug testing. I understand this application will be considered for thirty (30) days.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_



# Personal Care Preferred Group Employment Verification

FOR OFFICE USE ONLY  
Telephone Verification \_\_\_\_\_  
Faxed \_\_\_\_\_  
Mailed \_\_\_\_\_

## INSTRUCTIONS

**Applicant:**  
Complete Sections 1 and 2

**Former Employer:**  
Complete Section 3 and  
return to Personal Touch  
Home Care Services, Inc.

PERSONAL TOUCH  
HOME CARE SERVICES, INC.

11042 Blue Star Hwy.  
P.O. Box 305  
Stony Creek, VA 23882  
1.800.598.9854  
434.246.3110  
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**SECTION 1 (COMPLETED BY APPLICANT)**

Employment Verification for:

Applicant (Please Print) \_\_\_\_\_  
FIRST MIDDLE LAST

Social Security # \_\_\_\_\_ Date \_\_\_\_\_

Position Applied For: \_\_\_\_\_

I have applied for employment with Personal Care Preferred Group for the position above. I hereby authorize you to verify my former employment and release you from any liability. Please supply the information below in Section 3 and return in the enclosed postage paid envelope. Thank you.

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

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**SECTION 2 (COMPLETED BY APPLICANT)**

Former Employer (print) \_\_\_\_\_

Street Address \_\_\_\_\_

City/ State/Zip \_\_\_\_\_

Attention: \_\_\_\_\_

I worked for you in the following position: \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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**SECTION 3 (COMPLETED BY FORMER EMPLOYER)**

Please indicate employee's job performance:

	ABOVE AVERAGE	AVERAGE	UNSATISFACTORY
Attendance	_____	_____	_____
Attitude	_____	_____	_____
Overall Ability	_____	_____	_____

Would you rehire? YES [ ] NO [ ]

If no please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_