

Kirpa Home Health Care Inc.

20130 Lakeview Center Plaza,, suite # 409, Ashburn, Virginia, 20147
(703) 939-5287
kirpahhc@gmail.com

Employment / Job Application

PERSONAL INFORMATION

FULL NAME: _____ DATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

E-MAIL: _____ PHONE: _____

SOCIAL SECURITY NUMBER (SSN): ____-____-____

DATE AVAILABLE: _____

DESIRED PAY: \$ _____ HOUR SALARY

POSITION APPLIED FOR: _____

EMPLOYMENT DESIRED: FULL-TIME PART-TIME SEASONAL

EMPLOYMENT ELIGIBILITY

ARE YOU A U.S. CITIZEN? YES NO*

*IF NO, ARE YOU ALLOWED TO WORK IN THE U.S.? YES NO

HAVE YOU EVER WORKED FOR THIS EMPLOYER? YES* NO

*IF YES, WRITE THE START AND END DATES: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES* NO

*IF YES, PLEASE EXPLAIN: _____

EDUCATION

HIGH SCHOOL: _____ CITY / STATE: _____

FROM: _____ TO: _____

GRADUATE? YES NO

DIPLOMA: _____

COLLEGE: _____ CITY / STATE: _____

FROM: _____ TO: _____

GRADUATE? YES NO

DEGREE: _____

OTHER: _____ CITY / STATE: _____

FROM: _____ TO: _____

DEGREE: _____

OTHER: _____ CITY / STATE: _____

FROM: _____ TO: _____

EMPLOYMENT HISTORY

EMPLOYER #1: _____

E-MAIL: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

STARTING PAY: \$ _____ HOUR SALARY

ENDING PAY: \$ _____ HOUR SALARY

JOB TITLE: _____ RESPONSIBILITIES: _____

STARTING DATE: _____ ENDING DATE: _____

REASON FOR LEAVING: _____

EMPLOYER #2: _____

E-MAIL: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

STARTING PAY: \$ _____ HOUR SALARY

ENDING PAY: \$ _____ HOUR SALARY

JOB TITLE: _____ RESPONSIBILITIES: _____

STARTING DATE: _____ ENDING DATE: _____

REASON FOR LEAVING: _____

EMPLOYER #3: _____

E-MAIL: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

STARTING PAY: \$ _____ HOUR SALARY

ENDING PAY: \$ _____ HOUR SALARY

JOB TITLE: _____ RESPONSIBILITIES: _____

STARTING DATE: _____ ENDING DATE: _____

REASON FOR LEAVING: _____

REFERENCES

REFERENCE #1: _____ RELATIONSHIP: _____

COMPANY: _____ TITLE: _____

E-MAIL: _____ PHONE: _____

REFERENCE #2: _____ RELATIONSHIP: _____

COMPANY: _____ TITLE: _____

E-MAIL: _____ PHONE: _____

REFERENCE #3: _____ RELATIONSHIP: _____

COMPANY: _____ TITLE: _____

E-MAIL: _____ PHONE: _____

MILITARY SERVICE

ARE YOU A VETERAN? YES NO

BRANCH: _____ RANK AT DISCHARGE: _____

STARTING DATE: _____ ENDING DATE: _____

TYPE OF DISCHARGE: _____

IF NOT HONORABLE, PLEASE EXPLAIN: _____

BACKGROUND CHECK AUTHORIZATION

APPLICANT Complete the following information as accurately as possible. (Please Print Clearly.)

Last: _____ First: _____ MI: _____

SSN*: _____ D.L. #: _____ State: _____

Birth date*: _____ Phone: _____

Professional License Type: _____ State: _____ Lic #: _____ Expiration Date: _____

Other/Previous names: _____ Date Changed: _____

(Attach additional sheet, if necessary.) _____ Date Changed: _____

Addresses: (List past seven years beginning with your current address. Include street, city, state, zip code, county and dates of residence. Attach additional sheet, if necessary.)

1. _____ City: _____ State: _____ Zip: _____ County: _____ Dates: _____

2. _____ City: _____ State: _____ Zip: _____ County: _____ Dates: _____

3. _____ City: _____ State: _____ Zip: _____ County: _____ Dates: _____

ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the FCRA required documents DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT which are both available at <https://www.trudiligence.com/downloadforms.php> and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, workers compensation bureau, testing laboratory or insurance company to furnish any and all background information requested by TruDiligence, LLC, 3190 S Wadsworth Blvd, Suite 260, Lakewood, CO 80227, 800-580-0474, or another outside organization acting on behalf of Employer, and/or Employer itself. I understand that these files may contain negative information about my background, mode of living, character and personal reputation; therefore I agree to defend and hold harmless TruDiligence and any agent acting on its behalf, from any and all liability arising through the investigation of my background. If applicable, I hereby authorize the release of my confidential report to any Third Party directly involved in the hiring or placement process and understand that any release to a third party will not occur until that party has completed a certification regarding the use and viewing of confidential information. I agree to release, hold harmless, and indemnify TruDiligence from any liability, claims, demands, causes of action, damages, or expenses resulting from: any release of information to the Third Party pursuant to this authorization; the unauthorized use of this information by the Third Party; and, any actions taken by the Third Party pursuant to this authorization.

I understand that my date of birth is used solely as an identifier to avoid possible misidentification while completing the background check process. I agree that a facsimile ("fax"), electronic, or photographic copy of this Authorization shall be as valid as the original.

Signature: _____ Date: _____

Printed Name: _____ SSN: _____

*This information (Birth date and SSN) will be used for background screening purposes only and will not be taken into consideration in making any employment decisions.