



J & M Adult Care Services, LLC

PO Box 34646
 North Chesterfield, VA 23234
 Phone: (804)706-1020 (804) 955-5570 Fax: (804)706-1021



Application for Employment

J & M Adult Care Services, LLC is an Equal Employment Opportunity (EEO) / Affirmative Action Employer committed to excellence through diversity. Employment offers are made based on qualifications without regard to race, sex, religion, ethnicity, national origin, disability, age, veteran status or sexual orientation.

INSTRUCTIONS: Please print neatly. Complete the entire application. Resumes may be attached, but all questions must still be completed or your application will be deemed incomplete and may not be considered. Please complete each box – **Do Not** just indicate, “**See Resume.**” Be sure to include all relevant experience, skills and trainings. All blocks / questions should be completed or noted as “N/A” if not applicable.

PERSONAL INFORMATION

Name (Last, First, Middle):				Position Applied For:		Job #:	
Street Address:			City, State & Zip:			Other names you have used in school or Work:	
Home Phone:		Cell Phone:		Other Phone:			
E-Mail Address:							
Are you eligible to work in the United States?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	Social Security #	
Are you 18 years of age?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	If NO, then what is your current age:			
Are you currently employed?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	If YES, current job title and department:			
Company:							
Previously employed by J & M?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	If YES, please give dates & reason for leaving:			
Related to any J & M employee?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	If YES, please give their name & relationship to you:			
How did you learn about this position? (Check all that apply):						<input type="checkbox"/> Newspaper	<input type="checkbox"/> Dept. of Labor
<input type="checkbox"/> VEC	<input type="checkbox"/> Website	<input type="checkbox"/> Walk-in	<input type="checkbox"/> Referral by (Name):				

EDUCATION

Name of School:	City / State:	Graduated?		Date Graduated:	Years Left:	Degree Received:	Major:
		Yes	No				
High School:							
GED							
College							
College							
Other:							

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OTHER CREDENTIALS AND SKILLS

Relevant Licenses, Professional Affiliations, Memberships, Etc.:
Relevant technical, clerical, computer, trade skills, etc. (Include software / applications skills):
Overall Computer Skill Level: <input type="checkbox"/> Expert <input type="checkbox"/> Intermediate <input type="checkbox"/> Basic / Beginner
Other pertinent information about you and/or your skills:

WORK EXPERIENCE

Please detail your entire work history beginning with your current / most recent employer. If you held multiple jobs with the same company, detail each separately. Attach additional sheets if needed. Include military service and volunteer commitments. Omission of employment history may be considered falsification of information. Note: 1 – Please explain any gaps in employment. Note 2 – Do NOT just write “See Resume.”						
Employer:			Position:			
Address:						
Employed from:		To:	Start Salary:		End Salary:	
Supervisor’s Name / Title / Phone #:						
<input type="checkbox"/>	Full Time	<input type="checkbox"/>	Part Time	Avg. Hours Worked / Week:	Contact my current employer:	
Primary Duties / Skills Used:					<input type="checkbox"/>	Any Time
					<input type="checkbox"/>	Only if I am a finalist
					<input type="checkbox"/>	Never
Employer:			Position:			
Address:						
Employed from:		To:	Start Salary:		End Salary:	
Supervisor’s Name / Title / Phone #:						
<input type="checkbox"/>	Full Time	<input type="checkbox"/>	Part Time	Avg. Hours Worked / Week:	Contact my current employer:	
Primary Duties / Skills Used:					<input type="checkbox"/>	Any Time
					<input type="checkbox"/>	Only if I am a finalist
					<input type="checkbox"/>	Never

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	Never
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Employer:	Position:		
Address:			
Employed from:	To:	Start Salary:	End Salary:
Supervisor's Name / Title / Phone #:			
<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	Avg. Hours Worked / Week:	Contact my current employer:
Primary Duties / Skills Used:			<input type="checkbox"/> Any Time
			<input type="checkbox"/> Only if I am a finalist
			<input type="checkbox"/> Never

Employer:	Position:		
Address:			
Employed from:	To:	Start Salary:	End Salary:
Supervisor's Name / Title / Phone #:			
<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	Avg. Hours Worked / Week:	Contact my current employer:
Primary Duties / Skills Used:			<input type="checkbox"/> Any Time
			<input type="checkbox"/> Only if I am a finalist
			<input type="checkbox"/> Never

Employer:	Position:		
Address:			
Employed from:	To:	Start Salary:	End Salary:
Supervisor's Name / Title / Phone #:			
<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	Avg. Hours Worked / Week:	Contact my current employer:
Primary Duties / Skills Used:			<input type="checkbox"/> Any Time
			<input type="checkbox"/> Only if I am a finalist
			<input type="checkbox"/> Never

Employer:	Position:		
Address:			
Employed from:	To:	Start Salary:	End Salary:
Supervisor's Name / Title / Phone #:			
<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	Avg. Hours Worked / Week:	Contact my current employer:

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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	employer:
Primary Duties / Skills Used:				<input type="checkbox"/> Any Time
				<input type="checkbox"/> Only if I am a finalist
				<input type="checkbox"/> Never

DRIVING RECORD

Driver's License #:	Issuing State:	Expires:
Copy of my current DMV driving record attached:	<input type="checkbox"/> Yes	<input type="checkbox"/> No – I will provide one ASAP

WHY YOU

Why are you applying for this position:
Why are you the best choice for this position:

I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form or misrepresent and/or omit facts represents grounds for elimination from consideration for employment or termination after employment if discovered at a later date. I authorize J & M Adult Care Services, LLC to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment. If requested, I agree to submit to a physical exam, criminal and credit background investigation, and/or screening for illegal substances upon conditional offer of employment. I understand that this document is NOT an offer of employment and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that staff employees of J & M Adult Care Services, LLC serve at-will and the employment relationship may be terminated at any time by either party for any or no reason other than a reason prohibited by law. If employed, I will be required to furnish proof of eligibility to work in the United States, and to comply with company and departmental regulations. I understand that if employed on a temporary basis, I would be paid for hours worked only, and would be ineligible for benefits including paid time off. I understand that any benefits I receive may be subject to change or discontinuance at any time without prior notice. I understand that the first SIX MONTHS of regular employment represent a provisional period during which I would not be eligible to apply for transfer or promotion and during which I may be terminated without right of appeal.

My signature below indicates that I have, to the best of my ability, honestly answered all questions on this application and read the above statement and agree to abide by it.

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Applicant Signature: _____

Date: _____