Caring 4 U LLC 6 Pidgeon hill dr, Suite 106. Sterling, VA 20165

Phone: 571 436 5199/ 571 436 5189

APPLICATION FOR EMPLOYMENT

Client hire	date	Eı	mail Address:										
Personal in	formation	D	Date										
Name		So	Social Security #										
	ressStreet	City		State	Zip								
	Street	City If you are under 18, can you	ı furnish a wor	State k permit? Y	Zip Tes No								
Employmen	t desired Full time	Part time Temp Seas	onal										
Position		Date you can start		_ Salary									
Are you em	ployed now?	If so, may we inquire of you	ır present empl	oyer? Yes	No								
Ever applied	d for this company before	e? Yes No Where		_When									
Are you on	layoff and subject to reca	all? Yes No. Will you t	ravel if require	d? Yes No									
Will you rel	ocate if job requires it?	Yes No. Will you work ov	ertime if requi	red? Yes N	o								
Are you able	e to meet the attendance	requirements of this position	? Yes No. H	Iave you ever	been								
Bonded? Ye	s No. Have you ever	been convicted of a felony ir	the past 7 yrs	Yes No									
Such convic	ction may be relevant if jo	ob related, but does not bar y	ou from emplo	oyment. If yes	– explain								
Driver's lice			State										
Ес	ducation	Name and location Of School	# of years Completed	Did you Graduate?	Subjects Studied								
Academic	Currently Attending												
	Last Completed												
Trades of Business	Currently Attending												
	Last Completed												
Summarize	special skills and qualific	cations acquired from emplo	yment or other	experiences t	hat may								

qualify you to work with this company._

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EMPLOYMENT APPLICATION

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Date Month and Year	Nam	e and address of employer	Phone Number	Salary	Jo	b	Reason for Leaving								
From															
То															
From															
То															
From															
То															
References: Give the names of three persons not related to you to whom you have known at least 1 year															
Name		Addres	s	Phone		Yrs	acquainted								
List any foreign language	List any foreign language(s) and check the box that best describes your skill level.														
Language		Read and write	Re	ead and speak		Sp	eak only								
In case of Emergency notify															
Name Address Relationship Phor															
INITIAL Conditions of Employment – please read carefully															
Reporting to distribution of drugs for disciplinary actio willingness on the particle Caring 4 You. We are drug and alcohol policies.	or alcolun, inclustrated of the comm	iding discharge. e applicant or emitted to operating	premises and condition apployee to a gray a drug free	nd/or works n of employ agree to the	ites, s ment i terms	hall b incluc put fo	e grounds des orth by								
It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation															

from the employer's service if I have been employed. Furthermore, I understand that just as I am free to resign anytime, the Employer reserves the right to terminate my contract at any time, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary.

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I give the employer the right to investigate all police, driving, and personal records
and references, if job related. I hereby release from liability the Employer and its epresentatives for seeking such information and all other persons, corporations or organizations for furnishing such information.
The Employer is an Equal Opportunity Employer. The Employer does not discriminate in employment and no question on this application is used for the purpose of imiting or excusing any applicant's consideration for employment on a basis prohibited by local, State or Federal law.
Any controversy of any kind arising between the parties under this agreement or otherwise (or any agent, officer, director or affiliate of any party), including but not imited to common law, statutory, tort or contract claims, will be submitted to mediation and failing settlement in mediation, to binding arbitration. Unless otherwise agreed a mediation and arbitration designated by staff professionals will govern any mediation and arbitration. The parties will select the mediator or arbitrator from the designated company panel of mediators and will notify the designated company, in writing, to nitiate the selection process. The arbitration will be subject to and governed by the provisions of the Federal Arbitration Act. 9 U.S.C. Section 1-et seq. The parties hereto tipulate that this agreement involves matters affecting interstate commerce. This application is current for 90 days. At the conclusion of this time if I have not neard from the Employer and still wish to be considered for employment, it will be necessary to fill out a new application.
Signature of Applicant Date
AGENCY MANAGEMENT NOTES: