



**DEDICATED CARE
HEALTH SERVICES**

.....
OPTIMIZING RECOVERY THROUGH
CONSUMER-CENTERED QUALITY CARE
.....

**DEPAUL PROFESSIONAL BUILDING
1160 VARNUM STREET NE, WASHINGTON, DC 20017**

O: (202) 525-1715 | F: (202) 723-1211 | TTY: (202) 525-1715

Email: info@dedicatedcaresupports.com

WWW.DEDICATEDCARESUPPORTS.COM

EMPLOYMENT APPLICATION



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EMPLOYMENT APPLICATION

Position Applying For: _____ Full Time Part Time On-Call

PERSONAL INFORMATION

Name: _____ Phone _____

Address: _____ Social Security No: _____

City: _____ State: _____ Zip code _____

For VA Residents: Have you lived outside the Commonwealth in the last seven years? Yes No
If yes, what state did you live in? _____

Are you 18 or over? Yes No If Hired You Will Be Required To Submit Proof of Age Name and
Address of Persons through Whom You May Be Contacted For Message Purposes

Phone: () _____

If Hired Can You Furnish Proof That You Are Legally Permitted To Work In The US? Yes No

What Other Name(S) Have You Been Employed Under If Different From Present Name?

Name of Relative(S) Employed By This Agency _____ Department _____

How Did You Learn About This Opening? _____ Have You Previously Been Employed By This Agency?

Yes No If Yes When? _____



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EXPERIENCE:

Most recent employer: Currently employed? Yes [] No [] May we contact the current employer?
Yes [] No []

Employer Name: _____ Position: _____

Address _____ Phone: _____

City: _____ State: _____ Zip code: _____

Dates of employment (Mo/Yr.) From: _____ To: _____ Supervisor _____

JOB DUTIES:

Reason this employment ended: _____

PREVIOUS EMPLOYER(s):

Employer Name: _____

Position: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip code: _____

Dates of employment (Mo/Yr) from: _____ To: _____ Supervisor _____



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Job duties:

Reason this employment ended:

Employer Name:

Position:

Address:

Phone:

City:

State:

Zip code:

Dates of employment (Mo/Yr) from:

To:

Supervisor:

Job duties:

Reason this employment ended:

Do you currently work for any division within Dedicated Care Health Services? Yes No

If yes, Where?

Have you ever worked for any division within Dedicated Care Health Services? Yes No

If Yes, where and when?



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EDUCATIONAL RECORD:

Check level completed:

High School GED Some College Associate Degree Bachelor Degree Master Degree
Doctoral

For college level applicants:

School: _____ Degree & Date: _____

Location (City, State): _____

School: _____ Degree & Date: _____

Location (City, State): _____

SPECIAL SKILLS/CERTIFICATIONS:

Please describe any qualifications, certifications, training, experience or skills which you feel make you especially suited for this position within Dedicated Care Health Services.

U.S. MILITARY EXPERIENCE:



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Branch Initial Rank Final Rank

SERVICE SCHOOLS ATTENDED

Skills

Typing Speed (Last Date Tested) Shorthand Speed 10 Key Add, Match by Touch Yes

No Pbx (Type Board) Medical Terminology Yes No

CRIMINAL HISTORY:

Have You Been Convicted Of A Felony Or Misdemeanor? Yes No If yes, please disclose the nature, dates(s) and location(s) of the conviction(s)

AUTHORIZATION:

I hereby apply for employment with Dedicated Care Health Services and state that:

- I understand that employment or continued employment is conditioned on the truth of all information contained in this application. I certify that all of the answers or statements made by me in this application are true, complete, and correct; and I understand that misrepresentation or omission of facts called for in this application, in any supplement thereto, or in any other corporate records, will be sufficient grounds for not employing me, or will be



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cause for immediate dismissal without notice at any time during my employment.

- I understand and agree that all information furnished in this application may be verified by Dedicated Care Health Services. I hereby authorize all individuals and organizations named or referred to in this application and any law enforcement organization to give all information relative to such verification and hereby release such individuals, organizations, and Dedicated Care Health Services from any and all liability for any claim or damage resulting there from.

- I understand that employment by Dedicated Care Health Services is contingent upon my submitting to a physical examination prior to employment, which must be renewed thereafter on an annual basis, as well as a criminal history check and Motor Vehicle Record check which shall be renewed at Dedicated Care Health Services' discretion.

- I understand that, if I am employed by Dedicated Care Health Services and as a condition of my continued employment, I will be required to furnish proof of US citizenship or eligibility to work in the US. I will be required to execute certain agreements with SJCS (including employee agreements regarding inventions and confidentiality of information.)

X

Date:

Dedicated Care Health Services, Inc. is an Equal Opportunity Employer who complies with the Americans with Disabilities Act.