



**A L H S**

**Amazing love Health Services, LLC**

# **EMPLOYEE APPLICATION PACKAGE**

**WELCOME TO AMAZING LOVE HEALTH SERVICES, LLC.**

Please complete this application package as indicated and provide all necessary documentation in order for us to be able to reach a fair decision on your employment application.

**702 15th ST NE, Washington DC 20002**

**Tel : 202-388-8500**

**Fax : 202-388-8509**

**Toll Free : 1-844-388-8500**

# STATEMENT OF DISCLOSURE

(To be signed by applicant)

I, \_\_\_\_\_ (Name, Please Print)

Do acknowledge that this application or any other communications made to me by the management of AMAZING LOVE HEALTH SERVICES, LLC neither acts as a guarantee or serves as security that I shall be employed by the company.

I acknowledge that my employment is based on the sole discretion of the company and or is on an at-will basis as prescribed by the State Law. This means that the company is free to terminate my employment at any time, with or without cause or advance notice in accordance with State law. Acceptance of employment is not a contract of employment for a specified period of time.

ALHS reserves the right to modify or waive this at-will provision at any time in the form of a written agreement signed by myself and an authorized representative of the company.

I understand that the answers provided to questions in this application package, my qualifications and or other supporting documentation which I shall provide does not guarantee my employment with the company. Although failure to provide such information may impede my employment with the company. I also reserve the right to terminate my employment with the company at any time and for any reason. I agree to abide by the rules and regulations of the company and I understand that the company may at any time at its discretion, modify such rules and regulations but that She will not modify its policy of employment at-will or its arbitration policy, if any.

I acknowledge that I have completed this application by my own free-will and I have provided all information truthfully and to the best of my ability. Any known misrepresentations will affect my application negatively or if hired before such misrepresentations are uncovered, I may be discharged from my duties.

Amazing Love Health Services, LLC is an equal opportunity employer. Applicants are considered for positions without regards to race, sex, religion, age, disability or any other considerations made unlawful by applicable local, state or federal laws.

I acknowledge that I have read and understand the above :

Signature : \_\_\_\_\_

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

# APPLICATION FOR EMPLOYMENT

## EMPLOYER : AMAZING LOVE HEALTH SERVICES, LLC

### GENERAL INFORMATION

#### NAME OF APPLICANT :

LAST NAME

FIRST NAME

MIDDLE NAME

POSITION APPLIED FOR :

DESIRED START DATE  SOCIAL SECURITY NUMBER

PHONE NUMBER  EMAIL ADDRESS

STREET ADDRESS (LINE 1)

APARTMENT NUMBER (LINE 2)

CITY  STATE  ZIP CODE

1. ARE YOU A UNITED STATES CITIZEN ? YES  NO
2. ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE USA ? YES  NO
3. I AM SEEKING A PERMANENT POSITION ? YES  NO
4. IF REQUIRED FOR THE JOB, WILL YOU WORK, OVERTIME ? YES  NO  WEEKENDS ? YES  NO
5. ARE YOU ABLE TO PERFORM THE ESSENTIAL JOB FUNCTIONS OF THE POSITION FOR WHICH YOU ARE APPLYING WITH OR WITHOUT REASONABLE ACCOMMODATION ? YES  NO
6. DO YOU HAVE ANY EXPERIENCE WITH THE POSITION YOU ARE APPLYING FOR ? YES  NO
7. IF YES, HOW MANY YEARS OF EXPERIENCE DO YOU HAVE WITH THIS POSITION ?
8. DO YOU SERVE OR HAVE YOU EVER SERVED IN THE MILITARY ? YES  NO

### E D U C A T I O N

LEVEL	YEARS COMPLETED	FIELD OF STUDY	DEGREE ACQUIRED
High School			
Undergraduate Edu			
Graduate			
Other			

# E M P L O Y M E N T H I S T O R Y

List all employment information starting with your present or most current experience. Be sure to include all internship, temporary or summer jobs. If currently employed, may we contact your employer? YES  NO

<b>Full name of Company</b>		<b>Telephone</b>		<b>Annual Salary</b>	
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>		Begin <input style="width: 50px;" type="text"/>	End <input style="width: 50px;" type="text"/>
<b>Street Address</b>		<b>City</b>	<b>State</b>	<b>Dates of Employment</b>	
<input style="width: 100%;" type="text"/>		<input style="width: 100px;" type="text"/>	<input style="width: 50px;" type="text"/>	From <input style="width: 50px;" type="text"/>	To <input style="width: 50px;" type="text"/>
<b>Name and title of Supervisor</b>				<b>Reason for Leaving</b>	
<input style="width: 100%;" type="text"/>				<input style="width: 100%; height: 100%;" type="text"/>	
<b>List Duties performed, Skills used and Promotions achieved while employed at this job</b>					
<input style="width: 100%; height: 50px;" type="text"/>					
<b>Full name of Company</b>		<b>Telephone</b>		<b>Annual Salary</b>	
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>		Begin <input style="width: 50px;" type="text"/>	End <input style="width: 50px;" type="text"/>
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<input style="width: 100%;" type="text"/>				<input style="width: 100%; height: 100%;" type="text"/>	
<b>List Duties performed, Skills used and Promotions achieved while employed at this job</b>					
<input style="width: 100%; height: 50px;" type="text"/>					

## Other Skills :

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1. LIST ANY COMPUTER SKILLS OR ABILITIES

2. DO YOU SPEAK ANY OTHER LANGUAGE BESIDES THE ENGLISH LANGUAGE? IF YES LIST THEM

3. LIST ALL PROFESSIONAL LICENSES/ CERTIFICATIONS OR REGISTRATIONS AND DATES ACQUIRED

## Criminal History :

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1. Have you ever pleaded guilty or no Contest to any criminal offense within the past 7 years ? YES  NO

2. Have you ever been convicted of any criminal offense within the past 7 years? YES  NO

If you answered "YES" to either of the above questions, please provide more details such as dates the crimes occurred, nature of the crime and decision of the courts on the issue.

(Criminal convictions or arrests will not automatically disqualify an applicant for a position but will be considered only as it reasonably relates to your fitness to perform in the position)

3. Have you ever initiated an act of violence in the workplace? YES  NO

4. Do you intend to initiate any acts of violence within the workplace? YES  NO

*READ CAREFULLY : I certify that the information I have provided within this application is correct to the best of my knowledge and I understand that any misrepresentation herein may result in a denial or discharge of employment. I authorize Amazing Love Health Services, LLC to carry out a background/criminal record check on me in order to consider me for employment.*

Signature :

Date :

## Personal References :

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List Two Personal References who are not relatives or former supervisors.

1. Name

Address

Telephone  Email

Years Known

2. Name

Address

Telephone  Email

Years Known

## Request for Professional Reference

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### Reference 1 :

Kindly provide us with two professional references as indicated below :

Name of Company

Company Address

Reference Name

Reference Phone Number  Email

### Reference 2 :

Name of Company

Company Address

Reference Name

Reference Phone Number  Email

T h a n k   y o u   f o r   y o u r   c o o p e r a t i o n .

*READ CAREFULLY: I authorize Amazing Love Health Services, LLC to contact references I have provided within this application and for such references to provide any and all information pertaining to my employment. I hereby release all parties from all liability for any damage that may result from furnishing my information to you.*

Signature :

Date :

# Emergency Contacts

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In case of any emergencies or in the event where I am unreachable, please contact :

1. Name

Address

Reference Phone Number  Email

Relationship

2. Name

Address

Reference Phone Number  Email

Relationship

3. Name

Address

Reference Phone Number  Email

Relationship

# HIPAA Compliance Policy

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## Policy

Amazing Love Health Services LLC has adopted the Health Insurance Portability and Accountability Act of 1996, to ensure the client's security, privacy and confidentiality.

## Procedure

Amazing Love Health Services LLC's employees and contractors will only discuss and use client's information within the organization and with appropriate care providers.

Amazing Love Health Services LLC's employees and contractors will use the appropriate degree of caution and security when handling client's medical records.

Amazing Love Health Services LLC's employees and contractors will have confidential security codes or passwords to access computers containing medical and demographic information and such passwords shall not be shared.

Amazing Love Health Services LLC will urge its employees or contractors to point computer screens away from the public at all times while dealing with clients confidential information and such computers shall not be left open and unattended.

Amazing Love Health Services LLC will ensure that client's medical records shall not be transmitted via the web or email. Client's information stored in computer equipment disks or software will be archived in the office.

Faxes with printed client medical and demographic information will be filed in the medical record and disposed of immediately and contact will be made with the person at the receiving end of the faxes to ensure delivery with the right receptor.

Communications with or about clients involving health information will be private and limited to those who need the information for treatment, payment or educational purposes as indicated by healthcare operations.

Only Amazing Love Health Services LLC's employees and contractors with an authorized need to know will have access to the client's protected information.

Name :

Signature :

Date :