ADVANCED HOME CARE CONNECT, INC.
14904 Richmond Hwy, Suite 206 | Woodbridge, VA 22191 | (571) 477-9568

EMPLOYMENT APPLICATION
Personal Care Aide (PCA) | Virginia CCC Plus Waiver

SECTION 1 — PERSONAL INFORMATION

Last Name _____ First Name _____ Middle Initial _____

Street Address _____ City _____ State / ZIP Code _____

Primary Phone _____ Alternate Phone _____ Email Address _____

Position Applied For _____ Date Available _____ Desired Pay Rate ($/hr) _____

Employment Type Sought: ☐ Full-Time ☐ Part-Time ☐ Either

Are you legally authorized to work in the United States? ☐ Yes ☐ No

Are you 18 years of age or older? ☐ Yes ☐ No

SECTION 2 — CERTIFICATIONS & CREDENTIALS

VA PCA / HHA Certification Number _____ Issuing State _____ Expiration Date _____

CPR Certification Provider (AHA / Red Cross / Other) _____ Issue Date _____ Expiration Date _____

TB Test Date (Negative Result Required) _____ Result _____ Administering Provider _____

Have you ever had a nursing or PCA license suspended, revoked, or disciplinary action? ☐ Yes ☐ No

If Yes, please explain:

_____

SECTION 3 — AVAILABILITY

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
☐ AM ☐ PM ☐ Eve	☐ AM ☐ PM ☐ Eve	☐ AM ☐ PM ☐ Eve	☐ AM ☐ PM ☐ Eve	☐ AM ☐ PM ☐ Eve	☐ AM ☐ PM ☐ Eve	☐ AM ☐ PM ☐ Eve

Available for Live-In shifts? ☐ Yes ☐ No

Available for Holiday shifts? ☐ Yes ☐ No

Do you have reliable transportation? ☐ Yes ☐ No

SECTION 4 — EDUCATION & TRAINING

Highest Level of Education Completed _____ School Name _____ Year Graduated / GED Year _____

Other Training / Certifications (list all) _____ Relevant Skills or Languages Spoken _____

Work History — Position 1

Employer / Organization Name

Job Title

Supervisor Name

Supervisor Phone

Start Date (MM/YYYY)

End Date (MM/YYYY) — or "Present"

Starting Pay / Salary

Ending Pay / Salary

Reason for Leaving

Brief Description of Duties

May we contact this employer? ☐ Yes ☐ No

Work History — Position 2

Employer / Organization Name

Job Title

Supervisor Name

Supervisor Phone

Start Date (MM/YYYY)

End Date (MM/YYYY) — or "Present"

Starting Pay / Salary

Ending Pay / Salary

Reason for Leaving

Brief Description of Duties

May we contact this employer? ☐ Yes ☐ No

Work History — Position 3

Employer / Organization Name

Job Title

Supervisor Name

Supervisor Phone

Start Date (MM/YYYY)

End Date (MM/YYYY) — or "Present"

Starting Pay / Salary

Ending Pay / Salary

Reason for Leaving

Brief Description of Duties

May we contact this employer? ☐ Yes ☐ No

SECTION 6 — PROFESSIONAL REFERENCES

Please provide three (3) professional references. Do not list relatives or current AHCC employees.

1	Name:	Relationship:	Phone:	Years Known:
2	Name:	Relationship:	Phone:	Years Known:
3	Name:	Relationship:	Phone:	Years Known:

SECTION 7 — BACKGROUND DISCLOSURE

All offers of employment are contingent upon successful completion of a Virginia criminal background check, OIG/SAM exclusion verification, and sex offender registry check per DMAS requirements.

Have you ever been convicted of a crime (excluding minor traffic violations)? ☐ Yes ☐ No

If Yes, provide details (conviction does not automatically disqualify):

Are you currently listed on any state or federal exclusion list? ☐ Yes ☐ No

SECTION 8 — APPLICANT CERTIFICATION & SIGNATURE

I certify that the information provided in this application is true, complete, and accurate to the best of my knowledge. I understand that any misrepresentation or omission of facts may result in disqualification from consideration or, if employed, immediate termination. I authorize Advanced Home Care Connect, Inc. to verify all information contained herein, including contacting references and conducting a background check as required by Virginia DMAS regulations. I understand that employment at AHCC is at-will and may be terminated at any time by either party.

Applicant Signature

Date

Printed Full Name

Social Security # (last 4 digits only)

FOR OFFICE USE ONLY

Date Received	**Reviewed By**	**Background Check ☐ Pass ☐ Fail**	**Hire Decision**