

**FESCUM INC**  
**JOB APPLICATION FORM**

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**Job(s) for Which You Are Applying:** \_\_\_\_\_

**Date of Application:** \_\_\_\_\_ **First Available Date to Begin Work:** \_\_\_\_\_

**Contact Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ "Daytime" Evening"/Cell: (\_\_\_\_) \_\_\_\_\_

DOB: \_\_\_/\_\_\_/\_\_\_ SSN: \_\_\_/\_\_\_/\_\_\_ Driver's Lic/ID #: \_\_\_\_\_ ST (\_\_\_\_)

**General Information**

- Can you show proof of your eligibility to work in the United States? Yes / No
- Are you the minimum working age of 18-years-old or older? Yes / No
- FESCUM INC facilities are smoke-free environments. Can you adhere to this policy? Yes / No
- Are you a FESCUM INC volunteer? "Yes, Now" / "Yes, in the Past" / No
- Have you ever been employed before by FESCUM INC? Yes / No
- If yes, specify job held / dates of employment. \_\_\_\_\_ / \_\_\_\_\_
- **Do you have friends or relatives already employed by FESCUM INC Inc?** Yes / No If yes, list them and indicate **relationship**:  
1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_
- **If you answer a yes to any of the following three questions, please explain in the space provided on page 4:**
  1. Do you have any physical, mental or medical conditions that would interfere with your ability?  
Yes / No
  2. To perform the job for which you are applying? Yes / No
  3. Are you currently charged with or have you ever been convicted of any crime, or has your driver's license been suspended? Yes / No
  4. Have you ever been suspended or discharged from employment? Yes / No
  5. If yes please state the reasons

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- **Education, Beginning With**

Most Recent Year(s)	School Degree and Major	Did You Graduate?
_____	_____	_____
_____	_____	_____
_____	_____	_____

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**FESCUM INC APPLICATION FORM page 2**

**Employment History, Beginning With Most Recent**

Job Title \_\_\_\_\_ Employed From \_\_\_\_\_ To \_\_\_\_\_

Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Reason for Leaving:**

Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ Supervisor: \_\_\_\_\_

**May FESCUM INC Contact "This Employer?" Yes / No (Please provide reason in space provided on page 4)**

Job Title \_\_\_\_\_ Employed From \_\_\_\_\_ To \_\_\_\_\_

Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Reason for Leaving:**

Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ Supervisor: \_\_\_\_\_

**May FESCUM INC Contact "This Employer?" Yes / No (Please provide reason in space provided on page 4)**

Job Title \_\_\_\_\_ Employed From \_\_\_\_\_ To \_\_\_\_\_

Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Reason for Leaving:**

Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ Supervisor: \_\_\_\_\_

**May FESCUM INC Contact "This Employer?" Yes / No (Please provide reason in space provided on page 4)**

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**FESCUM INC APPLICATION FORM page 3**

**Special Skills**

Describe special skills, experiences, qualifications or accomplishments.

Describe your computer proficiency. List specific software and your level of experience using it.

**References**

Provide two non-family references and indicate their relationship to you (e.g., employer, teacher, etc.). Each person listed should directly mail a letter of reference to FESCUM INC at the address provided on page 4.

Name: \_\_\_\_\_ Relationship to You: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Telephone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to You: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Telephone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to You: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Telephone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**Statement of Understanding**

I certify that the statements made in this application are correct and complete to the best of my knowledge. I understand that false, omitted or misleading information may result in rejection of this application or termination of subsequent employment. With the possible exception as indicated on page 2 of this application, I understand that FESCUM INC may investigate all statements made on my application and release from liability former employers, institutions or persons providing such information to FESCUM INC

If accepted for employment with FESCUM INC, I agree to abide by all of its rules, regulations, policies and procedures including DDS, DMH DHF rules and regulations. If employed, I understand that I may terminate my employment at any time without notice or cause, and that FESCUM INC In may terminate or modify the employment relationship at any time without prior notice or cause, If employed, I understand that my employment is for no definite period of time and if terminated, FESCUM INC is liable only for wages and benefits earned as of the date of termination.

Print Name and sign your signature:

Date:

\_\_\_\_\_

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(FESCUM INC APPLICATION FORM page 4)

**Days & Hours you can work**

Mon \_\_\_\_\_  Tue \_\_\_\_\_  Wed \_\_\_\_\_  Thurs \_\_\_\_\_  Fri \_\_\_\_\_  Sat \_\_\_\_\_  Sun \_\_\_\_\_

FESCUM INC is an equal opportunity employer and considers applicants for all positions without regard to race, religion, gender, national origin, age, ancestry, sexual orientation, marital or veteran status, disability or any other legally protected status.

**Attach Resume And Any Other Relevant Materials.**

**Mail To**

**404 Kentucky Avenue SE**

**Washington DC 20003**

<b>OFFICE USE ONLY FOR FACE TO PACE INTERVIEW</b>
PT _____ NT _____ PR _____ PF _____

Share below intentionally left blank for use of applicant to provide details on answers to application questions.

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*FESCUM INC*  
JOB APPLICATION FORM

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***FESCUM INC***

**REFERENCE FORM**

Character ( )

Employment (x)

I, \_\_\_\_\_ expressly authorize, without reservation, FESCUM INC to contact and obtain information from all listed references, licensing authorities, professional associations and educational institutions and to otherwise verify the accuracy of all information provided by me in this form, on the resume provided and/or during the interview process. I hereby waive any and all rights and claims I may have regarding FESCUM INC for seeking, gathering and sharing such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ SSN#: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ thru \_\_\_\_\_

**Evaluator Instructions:**

Please complete the following information and return directly to FESCUM INC Human Resource Dept by mail or Fax at the address below.

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Phone: (Daytime) \_\_\_\_\_

Email: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

In what capacity? (Please check below)

Employer Supervisor \_\_\_\_\_ Co-worker \_\_\_\_\_ Student \_\_\_\_\_

Other (specific) \_\_\_\_\_

Is this employee eligible for rehire? Yes \_\_\_\_\_ No \_\_\_\_\_ Conditional \_\_\_\_\_

If No / Conditional, please explain \_\_\_\_\_

Are the dates of Employment correct: Yes \_\_\_\_\_ No \_\_\_\_\_ (if No specify \_\_\_\_\_ to \_\_\_\_\_ ?)

**PART I:** Please indicate your evaluation of the applicant with a check mark.

	Superior 5	4	Average 3	2	Below Average 1	Not Observed
Intellectual Ability						
Communication skills						
Emotional maturity						
Adaptability						
Team Player						
Dependability						
Conflict resolution						
Patient Interaction						
Awareness of limitation						
Reaction to criticism						
OVERALL EVALUATION						

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*FESCUM INC*  
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***FESCUM INC***

**REFERENCE FORM**

Character (x)

Employment ( )

I, \_\_\_\_\_ expressly authorize, without reservation, FESCUM INC to contact and obtain information from all listed references, licensing authorities, professional associations and educational institutions and to otherwise verify the accuracy of all information provided by me in this form, on the resume provided and/or during the interview process. I hereby waive any and all rights and claims I may have regarding FESCUM INC for seeking, gathering and sharing such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ SSN#: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ thru \_\_\_\_\_

**Evaluator Instructions:**

Please complete the following information and return directly to FESCUM INC Human Resource Dept by mail or Fax at the address below.

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Phone: (Daytime) \_\_\_\_\_

Email: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

In what capacity? (Please check below)

Employer  Supervisor  Co-worker  Student

Other (specific) \_\_\_\_\_

Is this employee eligible for rehire? Yes  No  Conditional

If No / Conditional, please explain \_\_\_\_\_  
 \_\_\_\_\_

Are the dates of Employment correct: Yes  No  (if No specify \_\_\_\_\_ to \_\_\_\_\_?)

**PART I:** Please indicate your evaluation of the applicant with a check mark.

	Superior 5	4	Average 3	2	Below Average 1	Not Observed
Intellectual Ability						
Communication skills						
Emotional maturity						
Adaptability						
Team Player						
Dependability						
Conflict resolution						
Patient Interaction						
Awareness of limitation						
Reaction to criticism						
<b>OVERALL EVALUATION</b>						

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*EMPLOYEE EMERGENCY CONTACT*

*EMPLOYEE NAME:* \_\_\_\_\_

*ADDRESS:* \_\_\_\_\_

\_\_\_\_\_

*SSN:* \_\_\_\_\_ *PHONE NUMBER (\_\_\_\_\_)* \_\_\_\_\_

*Person(s) To Contact In Case Of Emergency*

*NAME:* \_\_\_\_\_

*ADDRESS:* \_\_\_\_\_

\_\_\_\_\_

*PHONE NUMBER (\_\_\_\_\_)* \_\_\_\_\_ *RELATIONSHIP* \_\_\_\_\_

*NAME:* \_\_\_\_\_

*ADDRESS:* \_\_\_\_\_

\_\_\_\_\_

*PHONE NUMBER (\_\_\_\_\_)* \_\_\_\_\_ *RELATIONSHIP* \_\_\_\_\_

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**FESCUM INC.**

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**STATEMENT OF CONFIDENTIALITY**

Please read the following statement and sign at the bottom.

As an employee of FESCUM INC, I have access to both the Agency and Clients information, which are sensitive and confidential.

I understand that I cannot discuss Clients diagnosis, share or distribute any personal information verbally or written outside the Agency.

I understand I am authorized to share Clients information only to assigned Aides and Staff of FESCUM INC, and I agree to abide by FESCUM INC Privacy Policy, DDS, DMH, MEDICAID, MEDICARE Privacy policy.

I understand that violation of this statement of confidentiality will result in a material breach of contract by me, and I, may be subject to appropriate disciplinary actions, civil damages, and criminal prosecution under state law.

By signing below, I acknowledge that I have read and understood the above statement.

Sign Employee \_\_\_\_\_ Date \_\_\_\_\_

Sign Supervisor \_\_\_\_\_ Date \_\_\_\_\_

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Acceptance Statement

I. The undersigned acknowledge that as part of my responsibility while working for FESCUM INC, I might need to use my personal vehicle to transport my individual when needed to Medical Appointment or as assigned by my Employer.

By signing below, I acknowledge that I have read and understood the above statement.

Sign Employee \_\_\_\_\_ Date \_\_\_\_\_

Sign Supervisor \_\_\_\_\_ Date \_\_\_\_\_

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## **FESCUM INC.**

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### **EMPLOYMENT ELIGIBILITY**

1. VALID PHOTO ID
  2. CURRENT CPR
  3. CURRENT FIRST AID
  4. CURRENT GLOBAL REPORT (Criminal Background Check)
  5. CURRENT CERTIFICATES/LICENCES:-  
  
HHA  
CNA  
RN  
CMA  
CMT/TME
  6. TB RESULT
  7. HEPATITIS B VACCINE
  8. PHYSICAL EXAM
  9. EMPLOYMENT ELIGIBILITY
  10. REFERENCE CHECK (2 COPIES)
  11. SOCIAL SECURITY CARD
  12. IDENTIFICATION CARD ( PICTURE ID)
  13. **HIGH SCHOOL CERTIFICATE (HOME OR ABROAD)**
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# Form W-4 (2011)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2011 expires February 16, 2012. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends).

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

**Head of household.** Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using

Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

**Nonresident alien.** If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2011. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

## Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b> _____
<b>B</b>	Enter "1" if: <ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>	<b>B</b> _____
<b>C</b>	Enter "1" for your <b>spouse</b> . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .	<b>C</b> _____
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b> _____
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b> _____
<b>F</b>	Enter "1" if you have at least \$1,900 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . .	<b>F</b> _____
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> <li>• If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then <b>less</b> "1" if you have three or more eligible children.</li> <li>• If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" <b>additional</b> if you have six or more eligible children . . . . .</li> </ul>	<b>G</b> _____
<b>H</b>	Add lines A through G and enter total here. ( <b>Note.</b> This may be different from the number of exemptions you claim on your tax return.) ▶ For accuracy, <b>complete all worksheets that apply.</b> <ul style="list-style-type: none"> <li>• If you plan to <b>itemize</b> or <b>claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</li> <li>• If you have <b>more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</li> <li>• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.</li> </ul>	<b>H</b> _____

----- Cut here and give Form W-4 to your employer. Keep the top part for your records. -----

Form <b>W-4</b> Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ <b>Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</b></p>	OMB No. 1545-0074  <div style="font-size: 2em; font-weight: bold; margin: 0;">2011</div>
1 Type or print your first name and middle initial.	Last name	2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <b>Note.</b> If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	6 Additional amount, if any, you want withheld from each paycheck	5 _____ 6 \$ _____
7 I claim exemption from withholding for 2011, and I certify that I meet <b>both</b> of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability <b>and</b></li> <li>• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.</li> </ul> If you meet both conditions, write "Exempt" here . . . . . ▶		7 _____
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.		
<b>Employee's signature</b> (This form is not valid unless you sign it.) ▶		<b>Date</b> ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	9 Office code (optional)	10 Employer identification number (EIN)