



Application for Employment

Position Applying For: _____ Date: _____

Wage Desired _____

Schedule Desired Full Time Part Time Temporary Day Evening Nights

Date Available to Start _____

Are there any hours, shifts or days you will not work? Yes No

If yes, explain: _____

How did you hear of us? _____

Note: This application was designed to use with several types of positions. Some questions may not be applicable to the position you are seeking, however, we ask that you answer all questions.

Last Name _____ First Name _____ Middle Name _____

Present Address _____ (Street/City/State/Zip)

() _____
Telephone Number _____ Social Security Number _____

Only U.S. Citizens or aliens who have a legal right to work in the U.S. are eligible for employment. Can you, upon employment, submit documentation verifying your identify and your legal rights to work in the U.S.? Yes No

Are you over 18 years of age? Yes No

Have you ever been convicted of any crime? Yes No

If yes, give dates and explain: _____

(A conviction will not necessarily disqualify you from employment.)

Educational Data

School	Print Name, Street Address, City and State of each school	No. of Years Completed	Degree	Major Course of Study
High School				
College				
Trade, Business, Night or Correspondence				
Other				

Other skills: List any other job-related skills, qualifications, or licenses that support your application.

Honors Received: _____

Do you have any friends or relatives employed by Carriage Hill Retirement? If yes, please name: _____

SWORN STATEMENT OR AFFIRMATION
FOR ADULT FACILITY EMPLOYEES

To the Applicant:

Section 63.2-1720 of the Code of Virginia requires that any person desiring work at a licensed assisted living facility or licensed adult day care center provide the hiring facility or center with a sworn disclosure statement or affirmation disclosing any criminal convictions or pending criminal charges, whether within or outside the Commonwealth of Virginia.

The law prohibits licensed assisted living facilities and licensed adult day care centers from hiring any individuals convicted of a barrier crime. However, applicants convicted of one misdemeanor barrier crime not involving abuse or neglect may be hired if five years have elapsed since the conviction.

Any person making a false statement on this form regarding any criminal offense shall be guilty of a Class 1 misdemeanor.

Further dissemination of the background check information provided on this form is prohibited other than to the Commissioner's representative or a federal or state authority or court as may be required to comply with an express requirement of law for such further dissemination.

Please Print

1. _____
Last Name First Middle Maiden Social Security Number

Address Street/P.O. Box/Apt. # City State Zip Code

2. Have you ever been convicted of a law violation(s) but excluding offenses committed before your eighteenth birthday that were finally adjudicated in a juvenile court or under a youth offender law? ___ yes ___ no

If yes, list all and explain _____

3. Are you the subject of any pending criminal charges? ___ yes ___ no

If yes, explain _____

4. I hereby affirm that the information provided on this form is true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part to any employment offered by this facility. I understand that all information on this form is subject to verification.

Applicant's Signature _____ Date: _____

NOTE TO LICENSEE: This form must be retained for all compensated employees.

Employment Experience

Employer	Dates		Work Performed
Job Title	To	From	
Phone			
Address	Salary		
Supervisor	Start	Final	
Reason for Leaving			
May we inquiries of this employer? () Yes () No If no, explain:			

Employer	Dates		Work Performed
Job Title	To	From	
Phone			
Address	Salary		
Supervisor	Start	Final	
Reason for Leaving			
May we inquiries of this employer? () Yes () No If no, explain:			

Employer	Dates		Work Performed
Job Title	To	From	
Phone			
Address	Salary		
Supervisor	Start	Final	
Reason for Leaving			
May we inquiries of this employer? () Yes () No If no, explain:			

Membership in Organizations/Professional groups which, in your opinion, have a direct bearing on the position you are seeking: _____

Are you a veteran of the U.S. Military Service? _____ Yes _____ No

If yes, what branch of service? _____

If yes, beginning date and ending date of active duty _____

Date of Discharge from Military Service _____

Have you ever been dismissed or resigned from any employment? _____ Yes _____ No

If yes, please explain: _____

Are you presently employed? ___ Yes ___ No Are you on layoff and subject to recall? Yes ___ No ___

Have you filed an application here before? ___ Yes ___ No Can you travel if the job requires it? Yes ___ No ___

Do you have friends/relatives who work here? ___ Yes ___ No Will you work overtime if asked? Yes ___ No ___

Character References

Name	Address and Telephone	Occupation

Notice to Applicants

We comply with the Americans With Disabilities Act of 1990. During the interview process, you may be asked questions concerning your ability to perform job-related functions. If you are given a conditional offer of employment, you may be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination. If required, all entering employees in the same job category will be subject to the same medical examination. If required, all entering employees in the same job category will be subject to the same medical questionnaire and/or examination and all information will be kept confidential and in separate files.

We are an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, sex, religion, national origin, disability, or marital status. We assure you that your opportunity for employment depends solely upon your qualifications.

Please Read and Sign Below

I understand that, if hired, I will be placed on a 90-day probationary period. I understand and agree that all policies, procedures, and the Employee Handbook may be modified, amended, or deleted by the Company with or without notice to me of such amendment, modification or deletion; that the policies and procedures are not intended to be a contract of employment nor do they give me a right of continued employment; and that my employment may be terminated at my option or at the option of the Company with or without notice by either party. I also understand that there are no other arrangements, agreements, or understandings regarding the terms of employment. There may be no amendments or exceptions to this statement unless they are in writing and signed by the President of the Company.

I certify that all information given on this employment application, any resume that I submit to the Company, and any related papers and answers given during oral interviews are true and correct. I understand that the Company will make a thorough investigation of my work, criminal, and personal history. I authorize the giving and receiving of any such information requested by the Company during the course of such an investigation. I understand that falsification of any information given by others during the course of an investigation or any derogatory information discovered as a result of this investigation may subject me to immediate dismissal. I hereby release from liability all persons who provide information to my employer during the course of any such investigation.

Signature _____

Date _____

Reference Checks

Date of Reference Check: _____

Person Checking Reference: _____

Reference Name: _____

Reference Organization: _____

Relationship to Applicant: Supervisor Peer Other (Specify) _____

Dates of Employment: From _____ To _____

Salary: _____

Position(s) Held:

What was the nature of the applicant's job?

Reason for Separation: Voluntary Involuntary

Date of Reference Check: _____

Person Checking Reference: _____

Reference Name: _____

Reference Organization: _____

Relationship to Applicant: Supervisor Peer Other (Specify) _____

Dates of Employment: From _____ To _____

Salary: _____

Position(s) Held:

What was the nature of the applicant's job?

Reason for Separation: Voluntary Involuntary

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Reference Name: _____

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Relationship to Applicant: Supervisor Peer Other (Specify) _____

Dates of Employment: From _____ To _____

Salary: _____

Position(s) Held:

What was the nature of the applicant's job?

Reason for Separation: Voluntary Involuntary

EMPLOYEE RECORD

NAME: _____ SOCIAL SECURITY: _____

STREET: _____

CITY/TOWN: _____ STATE: _____ ZIP: _____

TELEPHONE NUMBER: _____ DATE OF BIRTH: _____

EMERGENCY CONTACT:

Name: _____ Telephone Number: _____

Street: _____

City/Town: _____ State: _____ Zip: _____

PLACE OF LAST EMPLOYMENT:

Employer Name: _____

Street: _____ City: _____ State: _____ Zip: _____

Dates Employed: (From) _____ (To) _____ Position Held: _____

PREVIOUS WORK EXPERIENCE:

PREVIOUS EDUCATION AND TRAINING:

EMPLOYMENT DATE: _____ POSITION/TITLE: _____

TERMINATION DATE: _____ REASON: _____

ADDITIONAL REQUIREMENTS:

- FOR EMPLOYEES HIRED AFTER NOVEMBER 9, 1975, TWO WRITTEN REFERENCES OR NOTATIONS OF VERBAL REFERENCES.
- FOR EMPLOYEES HIRED AFTER JULY 1, 1992, AN ORIGINAL *CRIMINAL RECORD REPORT* AND A *SWORN DISCLOSURE STATEMENT*.
- FOR ALL EMPLOYEES, REQUIRED HEALTH REPORTS.
- FOR ALL EMPLOYEES, DOCUMENTATION OF FORMAL TRAINING AND EDUCATION RECEIVED FOLLOWING EMPLOYMENT.

CARRIAGE HILL

Pre-Employment Expense Form

It has been explained to me that per Carriage Hill's policy and in accordance with State of Virginia requirements to work in Assisted Living Facilities, I need to have a TB-Test, Drug Screen and a Commonwealth of Virginia Level 1 Background Screen. I do understand that the costs of these pre-employment expenses of \$75.00 will be deducted from my first two (2) payroll checks.

Background Check	\$20.00
Drug Screen	\$40.00
TB Test	\$ 5.00
Name Tag	\$10.00
Total Cost	<u>\$75.00</u>

Print Name _____

Employee Signature _____

Date _____