

Application for Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, disability, or any other legally protected status.

(PLEASE PRINT)

Last Name		First Name		Middle Name	
Address	Number	Street	City	State	Zip Code
Telephone Number(s)					

Position(s) Applied For	Salary Desired
How Did You Learn About Us?	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative
	<input type="checkbox"/> Walk-In
	<input type="checkbox"/> Other _____

If you are under 18 years of age, can you provide required proof of your eligibility to work?

Yes No

Have you ever filed an application with us before?

Yes No

If Yes, give date _____

Have you ever been employed with us before?

Yes No

If Yes, give date _____

Are you currently employed?

Yes No

May we contact your present employer?

Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

Yes No

Proof of legal eligibility for employment will be required.

On what date would be you available for work?

Are you available to work:

Full Time Part Time Shift Work Temporary

Preferred working shift.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Page 1 of 4

OE-01
09/2014

Education Education will only be considered if an essential function of the job.

	High School				Post High School				Graduate/ Professional			
School Name and Location												
Years Completed	9	10	11	12	1	2	3	4	1	2	3	4
Describe Course of Study Please list all degrees/certifications/ diplomas/apprenticeships/ specialized training you have received.												
Describe any honors you have received which are relevant to the position you are seeking.												

Licensed/Certified Applicants: Type of license/certification held _____ As a licensed/certified professional, have you ever had action taken against you, had your license revoked or suspended, or have you been denied a license in a health related field. <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe _____ _____	License Number: _____ State license issued by: _____
--	---

Employment References

Give name, address and telephone number of three supervisory references.

Reference Name	Title	Company	Telephone Numbers
1. _____			
2. _____			
3. _____			

Employee Background

Have you ever been convicted of a felony, misdemeanor, or a law violation other than a minor traffic violation? Yes No

**Conviction will not automatically bar you from employment. The date, nature, and the relationship of the conviction to the position sought will be considered.*

We are a drug and alcohol-free workplace. Have you been convicted of a drug-related crime? Yes No

If Yes to either or both question(s), please explain: _____

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. Each applicant must complete this section, "See Resume" is not sufficient.

1.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				
2.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				
3.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				
4.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

We may contact the employers listed above, unless you indicate those you do not want us to contact. **DO NOT CONTACT:**
Employer Number(s) _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge and I certify that I am an authentic job seeker.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future for any specific duration.

If you decide to contact my previous employers or engage an investigative consumer reporting agency to report on my credit and personal history, I authorize you to do so and I understand that will receive additional information on such reports as required by law.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

Employment Application Supplements:

- Credit Check Release (OE-01d) - For candidates who will handle cash and financial transactions
- Sworn Statement or Affirmation (OE-25 or OE-25a (Maryland)) - For ALL
- Supplement to Employment Application for Bookkeepers (OE-01c)
- Maintenance Test (OE-01f) - For Maintenance Director and Maintenance Assistant Candidates
- Administrative and Management Essay Supplement to Employment Application - For Management Candidates
- Secretary and Administrative Assistant Test (OE-01h) - For Secretary and Administrative Assistant Candidates
- Consent For Pre-Employment Drug/Alcohol Testing (OE-85)
- Job Description

EMPLOYEE REFERENCE FORM

NOTE: THIS FORM SHOULD BE USED FOR VERBAL AND/OR WRITTEN REFERENCE.

I hereby authorize _____ to release the following confidential
(Person, Agency, or Community)
information to _____
(Community including Address)
for employment verification and reference purposes.

Employee Signature Date

TO: DATE:

The applicant listed below is being considered for employment. This applicant indicates that dates of employment with you were _____ to _____, and the position held was _____.

A confidential reply to these questions, at your earliest convenience, will be appreciated.

Sincerely,

(Title)

Applicant: _____

Position Desired: _____

PREVIOUS EMPLOYMENT

Job Title: _____

Employment Dates: From _____ to _____

Reason for Termination: _____

Circumstances Surrounding Involuntary Termination (if applicable): _____

Would you re-employ? Yes _____ No _____

PLEASE SEE OTHER SIDE

Additional Information:

	<u>Very Good</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>
Quality of Work	_____	_____	_____	_____
Quantity of Work	_____	_____	_____	_____
Relationship with co-workers	_____	_____	_____	_____
Relationship with supervisors	_____	_____	_____	_____
Cooperation	_____	_____	_____	_____
Attendance	_____	_____	_____	_____

Did applicant come to work when scheduled and on time? _____

Was applicant honest/trustworthy? _____

Has applicant ever stolen or misappropriated the personal belongings of a coworker or company property? _____

Has applicant ever threatened, verbally abused or assaulted a coworker or customer? _____

Were applicant's wages ever garnished? _____

Does applicant have any history of drug/alcohol abuse? _____

Strengths applicant may have: _____

Weaknesses applicant may have: _____

Any other information: _____

Name of Reference: _____

Signature Title Date

EMPLOYEE REFERENCE FORM

NOTE: THIS FORM SHOULD BE USED FOR VERBAL AND/OR WRITTEN REFERENCE.

I hereby authorize _____ to release the following confidential
(Person, Agency, or Community)
information to _____
(Community including Address)
for employment verification and reference purposes.

Employee Signature Date

TO: DATE:

The applicant listed below is being considered for employment. This applicant indicates that dates of employment with you were _____ to _____, and the position held was _____.

A confidential reply to these questions, at your earliest convenience, will be appreciated.

Sincerely,

(Title)

Applicant: _____

Position Desired: _____

PREVIOUS EMPLOYMENT

Job Title: _____

Employment Dates: From _____ to _____

Reason for Termination: _____

Circumstances Surrounding Involuntary Termination (if applicable): _____

Would you re-employ? Yes _____ No _____

PLEASE SEE OTHER SIDE

Additional Information:

	<u>Very Good</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>
Quality of Work	_____	_____	_____	_____
Quantity of Work	_____	_____	_____	_____
Relationship with co-workers	_____	_____	_____	_____
Relationship with supervisors	_____	_____	_____	_____
Cooperation	_____	_____	_____	_____
Attendance	_____	_____	_____	_____

Did applicant come to work when scheduled and on time? _____

Was applicant honest/trustworthy? _____

Has applicant ever stolen or misappropriated the personal belongings of a coworker or company property? _____

Has applicant ever threatened, verbally abused or assaulted a coworker or customer? _____

Were applicant's wages ever garnished? _____

Does applicant have any history of drug/alcohol abuse? _____

Strengths applicant may have: _____

Weaknesses applicant may have: _____

Any other information: _____

Name of Reference: _____

Signature Title Date

SWORN STATEMENT OR AFFIRMATION

INSTRUCTIONS:

The Code of Virginia and _____, require that persons desiring employment provide a sworn statement or affirmation disclosing any criminal convictions or pending criminal charges, whether within or outside the Commonwealth of Virginia.

Individuals convicted of the following cannot be hired: See attached list, Form OE-89 "Barrier Crimes for Licensed Assisted Living Facilities and Adult Day Care Centers (§§ 63.2-1719 and 63.2-1720 of the Code of Virginia). However, applicants convicted of one misdemeanor barrier crime not involving abuse or neglect may be hired provided five years have elapsed since the conviction.

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

Further dissemination of the information provided on this form is prohibited other than to 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 the information required in section one.

This statement must be provided to and maintained by the property in the employee's personnel file.

PLEASE PRINT:

1. Last Name	First	Middle/Maiden	Social Security Number
Current Mailing Address: Street	City	State	Zip

2. Have you been convicted of any violations of law, excluding minor traffic offenses? (Do not include offenses committed before your eighteenth birthday which were finally decided 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, please explain. _____

4. Have you ever been the subject of a founded complaint of child abuse or neglect within or outside Virginia?

_____ yes _____ no.

If yes, list all and explain. _____

5. **For Licensed/Certified Personnel Only:** I certify that I am licensed/certified as a _____, Virginia license/certificate number _____, and that this license/certificate is currently unrestricted in Virginia. I further certify that no order has been entered, or letter of reprimand or censure issued, regarding my practice by any professional licensing board in any state or country, and that I am not currently under investigation by such a licensing board.

6. 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 property. I understand that all information on this form is subject to verification.

Applicant's Signature _____ Date: _____