



Application for Employment

Position applied for _____

PERSONAL INFORMATION

Applicant's Name _____ Last 4 digits of Social Security # _____

Street Address _____

City/State/Zip _____

Home Telephone # _____ Alternate Telephone # _____

Have you ever worked for us before? No Yes If yes, please give dates and position _____

Shift Preference: Day _____ Evening _____ Night _____

Facility preference: Holly Manor-Skilled Care _____ Brookview Assisted Living _____ Moore Center-Rehab _____

Many of our positions require a regular work schedule. Can you work a regular schedule? Yes No
 If not, what days/hours are you available to work? _____

On what date could you begin employment? _____ Referred by: _____

Are you eligible to work in the U.S. and able to show proof of the same? Yes _____ No _____

EDUCATIONAL BACKGROUND

	Name/City/State	Level Completed	Degree
High School			
College			
Professional School			
Other			

PROFESSIONAL LICENSES AND/OR CERTIFICATIONS

Are you currently: Registered _____ Licensed _____ Certified _____
 Eligible for: Registration _____ Licensure _____ Certification _____

If Licensed, Registered or Certified

Type	State Issued	Date	Number

Any other information that would be helpful to us in considering you for a position

EMPLOYMENT INFORMATION

1. Current Employer _____ Telephone # _____
Address _____
Job Title _____ Supervisor _____ Rate of Pay \$ _____
Dates Employed ___/___/___ to ___/___/___ Reason for leaving _____
Duties Performed _____

2. Previous Employer _____ Telephone # _____
Address _____
Job Title _____ Supervisor _____ Rate of Pay \$ _____
Dates Employed ___/___/___ to ___/___/___ Reason for leaving _____
Duties Performed _____

3. Previous Employer _____ Telephone # _____
Address _____
Job Title _____ Supervisor _____ Rate of Pay \$ _____
Dates Employed ___/___/___ to ___/___/___ Reason for leaving _____
Duties Performed _____

4. Previous Employer _____ Telephone # _____
Address _____
Job Title _____ Supervisor _____ Rate of Pay \$ _____
Dates Employed: ___/___/___ to ___/___/___ Reason for leaving _____
Duties Performed _____

May we contact the employers listed above for a reference: Yes ___ No ___

If no, which employer(s) Number 1 ___ 2 ___ 3 ___ 4 ___

Expected Starting Salary \$ _____

SWORN DISCLOSURE STATEMENT

Section 63.2-1720 of the Code of Virginia requires that any person desiring work at a licensed facility provide the hiring facility 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 facilities from hiring any individual convicted of the following: murder or manslaughter, malicious wounding by mob, abduction, abduction for immoral purposes, assaults and bodily wounding, robbery, carjacking, threats of death or bodily injury, felony stalking, sexual assault, arson, drive by shooting, use of a machine gun in a crime of violence, aggressive use of a machine gun, use of a sawed-off shotgun in a crime of violence, pandering, crimes against nature involving children, incest, taking indecent liberties with children, abuse and neglect of children, failure to secure medical attention for an injured child, obscenity offenses, possession of child pornography, electronic facilitation of pornography, abuse and neglect of incapacitated adults, employing or permitting a minor to assist in an act constituting an obscenity or related offense, delivery of drugs to prisoners, escape from jail, felonies by prisoners; or an equivalent in another state. However, applicants convicted of one misdemeanor crime not involving abuse or neglect or moral turpitude may be hired provided five years has elapsed since the conviction.

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

Further dissemination of the 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.

1. _____
Last Name First Name Middle Maiden

Address/P O Box City State Zip Code

2. Have you ever been convicted of a law violation(s) (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 please explain _____

4. I hereby affirm that the information provided on this form is true and complete, and I agree and understand that any falsification or omission of information requested, regardless of time of discovery, shall constitute good cause for the rejection of this application, or if employment has begun, the termination of employment. I understand and agree to verification of all information requested on this form by The Woodland, Inc. or any of its agents.

Applicant's Signature _____ Date ___/___/___

PERSONAL REFERENCES (List 4 persons who are not related to you that we may contact)

Name	Telephone Number	Address

We will consider each applicant without regard to race, religion, creed, gender, national origin, age, disability or other legally protected status.

By signing the Sworn Disclosure Statement and below, you certify that the information you provided on this Application for Employment is true and complete to the best of your knowledge. You authorize The Woodland Inc. to investigate, as it chooses, any statements and references provided for purposes of deciding whether to offer you employment.

You understand that any employment with this Facility is "at will" which means you may resign at any time and the employer may terminate your employment at any time with or without cause.

Offers of employment will be contingent upon the successful completion of a criminal record check and drug screening. Future drug screenings will consist of random checks.

Should you be employed, you understand that false or misleading information (to include omitted information) given in the Application may result in termination whether discovered immediately or at a later date.

Signature of Applicant _____
Date

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FOR FACILITY USE ONLY

Department Manager Recommendation

Date of Interview ____/____/____ Interviewed by _____

Position Recommended _____ Salary ____ Hourly ____

Shift _____ Status: FT ____ PT ____ PRN ____ Start Date ____/____/____

APPROVAL

Applicant: Approved ____ Rejected ____ Status: FT ____ PT ____ PRN ____ Salary ____ Hourly ____

Starting Rate \$ _____ Signature _____

COMMENTS _____
