

Application for Employment – Salem Terrace at Harrogate

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
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? *Proof of legal eligibility for employment will be required.* Yes No

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Shift Work Temporary

Preferred working shift: _____

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			
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: License Number(s): _____
 Type of license/certification held _____ State license issued by: _____
 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.
 Yes No If yes, describe: _____

Employment References

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

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

Employee Background

Have you ever been convicted of a felony, misdemeanor, or 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.

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

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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) _____

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

SWORN STATEMENT OR AFFIRMATION

INSTRUCTIONS:

Section 63.2-1720 of the Code of Virginia and SALEM TERRACE, require that persons 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 has 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 the information required in section one.

PLEASE PRINT:

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

2. Have you 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, list all and 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.

5. For Licenses/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.

Applicant’s Signature _____ Date: _____