

**I. General Information**

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

Date: \_\_\_\_\_

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

 Contact Info ↓  
 Home# ( ) \_\_\_\_\_  
 Cell# ( ) \_\_\_\_\_

Email \_\_\_\_\_

Are you legally eligible for employment in the United States? \_\_\_\_\_

**II. Position Particulars:**

POSITION DESIRED: \_\_\_\_\_

If your application is considered favorably, on what date will you be able to work: \_\_\_\_\_

Type of work preferred: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

Specify days and hours if Part Time: \_\_\_\_\_

CIRCLE shift preference (Nursing Services): 7 - 3                      3 - 11                      11 - 7

Salary desired: \_\_\_\_\_

**III. Education**

School: Name & State	Course of Study	Circle Last Year Completed				Did you Graduate?	List Diploma or Degree
		1	2	3	4		
High School		1	2	3	4	Yes <input type="checkbox"/> No <input type="checkbox"/>	
College		1	2	3	4	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other (Specify)		1	2	3	4	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Nursing/other professional License # \_\_\_\_\_ Exp. Date \_\_\_\_\_ State Registered: \_\_\_\_\_

Military Service: From \_\_\_\_\_ To \_\_\_\_\_ Branch: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_ Rank on Discharge \_\_\_\_\_

**IV. Employment History**

 1. Name of Present or Last Employer \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_  
 Address \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Position Held \_\_\_\_\_ Salary \_\_\_\_\_ Full \_\_\_\_\_ Part Time \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_ Phone# ( ) \_\_\_\_\_

 2. Name of Previous Employer \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_  
 Address \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Position Held \_\_\_\_\_ Salary \_\_\_\_\_ Full \_\_\_\_\_ Part Time \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_ Phone# ( ) \_\_\_\_\_

 3. Name of Previous Employer \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_  
 Address \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Position Held \_\_\_\_\_ Salary \_\_\_\_\_ Full \_\_\_\_\_ Part Time \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_ Phone# ( ) \_\_\_\_\_

(Please Complete Application on Back)

**V. Personal References**

Give three (3) character references, other than relatives or former employers, who are well acquainted with you personally.

NAME _____	Occupation _____	Address _____	Phone _____
NAME _____	Occupation _____	Address _____	Phone _____
NAME _____	Occupation _____	Address _____	Phone _____

VI. It is the policy of The Virginia Home to require all new employees to take a PPD Test at our expense and within fourteen (14) days after a position is offered. Will you comply with these requirements? \_\_\_\_\_

VII. All new employees of The Virginia Home are hired on a probationary basis for six (6) months from date of employment.

**PLEASE READ CAREFULLY**

- I certify that answers given herein are true and complete to the best of my knowledge.
- I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.
- I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between The Virginia Home and myself for wither employment or the providing of any benefit. No promises regarding employment have been made to me. I also understand that no manager or supervisor other than the President of The Virginia Home has the authority to enter into an agreement of employment for any specified period of time or to make any agreement contrary to the foregoing.
- I understand that false or misleading information given in my application or interview(s) may result in discharge.
- I understand that if employed my employment is not for a specific period or duration and I have the right to terminate my employment at any time and that the facility retains a similar right.
- I grant permission to The Virginia Home to investigate previous employment, educational background and references, as well as authorizing The Virginia Home upon my termination to release information on my work to all perspective employers.
- I understand that Virginia State Law requires that a State Police Criminal Record investigation be conducted on every prospective employee of a nursing home and that I will be required to provide a sworn statement disclosing whether or not I have ever been convicted of or the subject of pending charges for any criminal offense specified in the health care licensing statutes. I further understand that any job offer made is conditional on the results of the Criminal Record Investigation.
- I understand that The Virginia Home will notify prospective employees to report within twenty-four hours to a designated location for a pre-employment urine drug test. A job offer is conditional to passing the drug screen, which means that the drug test result is "negative".

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE