APPLICATION FOR EMPLOYMENT

(Please Print Clearly)

Personal Infor	mation		Date of Application	on		ate vailable		
Name								
101110	Last		First		Middle			
Present Address						Phone Number_		
Permanent Address	Str	eet ·	City	State	Zip Code			
if Different than						-		
Present Address)	Str	eet	City	State	Zip Code	Phone Number_		
f you cannot be reac	hed at above phor	ne number, plea	ise give alternate ni	umber. Phone N	umber			
Employment D	esired		A State of the second s	Will You Accep	t Employment of:	□ Full Time? □	Part Time	2 D Temporary
Type of Worl	k Desired	Shift	Salary					
First Choice	5. × 2		et i		. of Age or Older? ved Now? □ Yes			
Second					Are You Employed Now? Yes No May We Contact Your Present Employer? Yes No			
Choice					ct four Present En	ipioyer? La res	🗅 No	
Third Choice				How Did You Learn Of This				
				Opening?				
Education	Circle Highest	9 1	0 11 12	Scholastic				
	Grade Complet		4 15 16	Honors Received				
			Location					Type of Degree or
	Name of	School	(City, State		Courses Taken	Com	pleted	Certificate Received
High School						No Ves		
College						No No	1 1	
Vocational						Ves; _	Date	
or Business						🖵 Yes; 🗉	 Date	
Professional			80 II			No Yes;		
Education							Date	
Laboratory or X-Ray Training	8					Ves;	Date	5 - 51
Extracurricular Activities While in Sc	shool							
Member of							10	
Professional Organiz	ations							
Honors Received, Vo Service or Other Qua								
Which You Feel Are I Position for Which Ye								
Were you in the U.S.	Armed Forces?	ires ⊔No I	t yes, what branch?	(- 120 (* 1940) (**** # 1			
Dates of Duty: From	Month Day	/ Year	To Month	/ Day Year	Rank at Disch	arge		
Professional L	icense <u>s and/c</u>	or Cer <u>tificat</u>	ions					Verif.
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Address Phone From Starting	Employment Record	(list last or present position	first)			
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Notify In Case of Emergency:	Notify In Case of Emergency	/:				
Name Relationship	Name				Relationship	
Street City State Zip Code Telephone	Street		Citv		State Zip Code	Telephone

What Language(s)	(Other 1	han Englis	sh) Do	You Speak?
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Employment Understanding (Please Read and Sign)

This institution does not discriminate in hiring or any other decision on the basis of race, color, sex, citizenship, national origin, ancestry, Vietnam era veteran status, or on the basis of age or physical or mental disability unrelated to ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination.

I voluntarily give this institution the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporations supplying such information. I consent to take the physical examination, and such future physical examinations as may be required by this institution at such times and places as the institution shall designate. I understand that an offer of employment may be contingent on passing the physical examination which relates to the essential duties I would be required to perform.

I understand that my employment is at will, and that either party is free to terminate the employment relationship at any time without cause. I also understand that my employment may be terminated for any misstatement or omission of fact appearing on this application form.

If employed, I will be required to complete an Employment Verification Form (I-9), and within three days show satisfactory evidence of identity and eligibility for employment.

Applicant's Signature

Please	e Indicate Days and Hours \ vailable For Work (Be Speci	fou Are fic)	Availability Record
Day	From	То	
Sunday	A.M.	A.M.	Primary position desired Will you accept another position?
	P.M.	P.M.	
Monday	A.M.	A.M.	If so, what?
	P.M.	P.M.	Weekends? Yes No Are you available to work: Holidays? Yes No
Tuesday	A.M.	A.M.	Rotating Shifts? Q Yes Q No
	P.M.	P.M.	If your availability changes, it is your responsibility to fill in an "Availabili
Wednesday	A.M.	A.M.	Card" indicating the changes. Such changes will be effective, then, for a future employment.
	P.M.	P.M.	· · · · · · · · · · · · · · · · · · ·
Thursday	A.M.	A.M.	
	P.M.	P.M.	I understand that emergency conditions may require me to temporar work shifts other than the one for which I am applying and agree to suc
Friday	A.M.	A.M.	scheduling change as directed by my department head or administrator this institution.
	P.M.	P.M.	
Saturday	A.M.	A.M.	Applicant's Signature Date
Gaturday	P.M.	P.M.	

Date

This Page	For	Institution	and	Interviewers'	Use	Only
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Interviewers' Comments			
Interviewer	Date	Comments	iel og op old
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Reference and Prior Employment Check					
Individual Contacted	Name of Firm	Results of Check			
13					
	4. 4.				

	FOR PERSONNEL OFFICE USE	
Hired	_ For what department	Position
Salary	_ per	

CRIMINAL BACKGROUND QUESTIONNAIRE

I. I, ______, hereby swear and affirm that the responses provided by me on this form are true and complete. I understand that if I make a materially false response, I may be convicted of a Class 1 misdemeanor and my employment, if I am hired, would be terminated. I also understand that if I am hired, state law requires that the facility must obtain an original criminal history record on me from the State Police.

II. In the Commonwealth of Virginia, or any other jurisdiction, have you ever been convicted of or are you now the subject of pending charges for any of the following offenses?

OFFENSE	YES	NO
1. Murder		
2. Abduction for immoral purposes		
3. Sexual assault		
4. Pandering		
5. Crimes against nature involving children		
6. Taking indecent liberties with children		
7. Abuse and neglect of children		
8. Failure to secure medical attn for an injured child		
9. Obscenity offenses		
10. Crimes against the person	***	
11. Crimes against property		
12. Crimes involving fraud		
13. Crimes involving health & safety		
 Crimes involving morals & decency 		
5. Crimes involving abuse or neglect of an		
incapacitated adult	·	

I understand that conviction of any of the above-listed offenses disqualifies me from eligibility for employment in this facility. I further understand that my application for employment cannot be considered if I have charges pending against me for any of the listed offenses. If pending charges are resolved in my favor and I provide the facility with proof of that resolution, I understand that my application will then be considered as if no charges had been filed against me.

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Applicant's Signature

Date

III. If I am applying for a position that requires a license or certification, I certify that I possess such license or certificate, that such license or certificate is current and that I am in good standing with the licensing or certifying agency.

Applicant's Signature

Date