



The right time. The right care. The right place.

EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER

PERSONAL

Date _____

PLEASE PRINT PLAINLY

Name (Last) _____ (First) _____ (Middle) _____

Address (Street) _____ Telephone No. _____
 (City) _____ (State) _____ (Zip) _____ Cell No. _____

S.S. Number _____ / _____ / _____

Please list any other name under which you have worked. _____

Are you 18 years of age or above? Yes No

Are you legally entitled to work in the United States? Yes No

Have you ever applied for a job with the company? Yes No If yes, when? _____

Have you ever worked at the company before? Yes No If yes, when? _____

POSITION

How did you learn about the job opening at Friendship Retirement Community? _____

Position for which you are applying _____ Rate of pay expected \$ _____ per _____

Other positions for which you would like to be considered _____

Can you work full-time? Yes No Part-time? Yes No

If part-time, please specify days and hours available _____

Can you work overtime? Yes No Can you work shifts? Yes No

Which shifts are you available? First Second Third

If your application is considered favorably, on which date can you start work? _____

Do you have a reliable means of transportation for getting to work? Yes No

EDUCATION

NAME AND ADDRESS OF SCHOOL	HIGHEST GRADE COMPLETED	COURSE OF STUDY	DID YOU GRADUATE?
Elementary / Middle School _____	1 2 3 4 5 6 7 8 9		
High School _____	10 11 12		
College _____	1 2 3 4		
Graduate _____	No. of Graduate		
Other _____	Hours		
Courses now studying _____			

U.S. MILITARY SERVICE

Were you in the U.S. Armed Forces? Yes No If yes, what branch? _____

Dates of Duty: From _____ To _____ Rank at discharge _____

List duties in the Service including special training _____

PROFESSIONAL LICENSE / CERTIFICATIONS

_____	_____
License/Issuing Entity	Expires
_____	_____
License/Issuing Entity	Expires

PERSONAL REFERENCES (Not Relatives)

Name and Occupation	Address	Daytime Phone No.

ADDITIONAL QUALIFICATIONS

If applying for a position which requires operating a vehicle, do you have a current, valid drivers' license? _____

List any moving violations that have occurred within the past five (5) years:

Other experiences, skills, special training, noteworthy achievements, or qualifications? Equipment operated? Language proficiencies? Software? Hardware?

SWORN STATEMENT

To the Applicant:

Sections 32.1-120.01 and 32.1-162.9:1 of the Code of Virginia requires that any person desiring work at a long term care, assisted living, or home health provider, 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 the hiring of any individuals convicted of offenses involving abuse, neglect, or moral turpitude including, but not limited to, the following: Murder or manslaughter, malicious wounding by mob, abduction, abduction for immoral purposes, assaults and bodily woundings, 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 offense in another state. However, applicants convicted of one misdemeanor crime not involving abuse or neglect or moral turpitude may be considered for employment 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 1 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.

Have you ever 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. _____

Are you subject of any pending criminal charges? Yes No If yes, please explain.

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, will cause forfeiture on my part to any employment offered by this facility. I understand that all information on this form is subject to verification.

Applicant's Signature

Date

Witness Signature

Date

Friendship Retirement Community is required by law to obtain a criminal record background check for all individuals accepted for employment and this check is made using the Central Criminal Records Exchange from the Virginia Department of State Police.

AUTHORIZATION FOR DRUG TEST

Friendship Retirement Community is committed to maintaining a safe and efficient working environment for our employees. We are committed to protecting our employees, residents, and their property. We must ensure that employees are physically and mentally capable of performing their assigned tasks. Employees who use or are under the influence of illegal and/or unauthorized drugs while on the job pose a serious risk to themselves, their fellow employees, and our residents.

Do you use, or have you used within the last six months, any narcotics, hallucinogens, depressants, stimulants, marijuana or other controlled substances (PCP, Cocaine, Heroin)?

Yes No

I hereby consent to submit, voluntarily, a urine specimen to determine the presence of illegal and/or unauthorized drugs. I understand that the specimen will be forwarded to a reference lab (Carilion Laboratories) for interpretation and the results will be released to FRC Human Resources.

I understand that positive test results for illegal and/or unauthorized drugs, refusal to consent to this test, or answering this questionnaire untruthfully, will disqualify me from employment.

I understand this is a requirement for employment, and I understand that Friendship Retirement Community relinquishes any responsibility in connection with the testing and the results of these tests.

Name

Social Security Number

Signature

Date

Witness

Date