

Paradise of Virginia
Cave Creek & Magnolia Ridge
Residential Care & Assisted Living Facility
APPLICATION FOR EMPLOYMENT

Last Name	First Name	Middle	Date
Street Address			Home Telephone
City, State, Zip			Other Telephone to reach you:
Position Applied for:			Social Security Number
Are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work?			Pay Expected
Are you legally eligible for employment in the United States?			When will you be available to start work?
Are you able and willing to work (check all that apply): <input type="checkbox"/> 7-3 <input type="checkbox"/> 3-11 <input type="checkbox"/> 11-7 <input type="checkbox"/> Any Shift			Will you work weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No

EDUCATION & TRAINING

School or Training	Location of Training	Date of Completion	Is Card/Certification Current?
High School			
CNA or LPN			LICENSE #
Aide Training			
CPR			
Standard 1st Aid			
Residents Rights			
Medication Administration			
Working with Mentally Ill			
Working with the Elderly			
Any Other Training			

Describe any training received relevant to the position for which you are applying (eg: "Medic").

GENERAL INFORMATION

The information requested is needed for a legally permissible reason, including, without limitation, national security considerations, a legitimate occupational qualification or business necessity. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal law also prohibits discrimination based on age and citizenship. The laws of most States also prohibit some or all of the above types of discrimination as well as some additional types such as discrimination based on marital status or physical or mental handicap or disability.

<input type="checkbox"/> Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', provide proof of citizenship (Driver's License, Social Security Card, Birth Certificate, etc) If 'No', provide Work Permit	<input type="checkbox"/> Are you over the Age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Have you ever been bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', with what employers?	<input type="checkbox"/> Can you communicate well both in the written and spoken word in English? <input type="checkbox"/> Yes <input type="checkbox"/> No in any other languages? list:
<input type="checkbox"/> How long at present address?	<input type="checkbox"/> How long at previous address?
<input type="checkbox"/> Do you have any physical condition which might limit your ability to perform the job for which you are applying? READ JOB DESCRIPTION PRIOR TO ANSWERING <input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', explain:	<input type="checkbox"/> Are you mentally capable of carrying out assigned responsibilities? READ JOB DESCRIPTION PRIOR TO ANSWERING <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No', explain:
<input type="checkbox"/> Can you tolerate tobacco smoke in the workplace? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Are you considerate & tolerant of aged & disabled persons? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', describe in full	
<input type="checkbox"/> State names of relatives and friends working for us, other than your spouse	
<input type="checkbox"/> The Standards for Assisted Living Aides require 16 hours of training annually. Are you willing to present yourself at scheduled monthly training sessions to fulfill this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No	

The information provided in this Application for Employment is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.
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. I understand that my employment is precluded by a thirty day trial period during which time the employer may chose not to continue the employment for any reason.
If you decide to engage an investigative consumer reporting agency to report on my credit and personal history, I authorize you to do so. If a report is obtained, you must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.

Date

Signature

FOR EMPLOYER'S USE ONLY

Reference Check		
Friend or Employer	Person Contacted	Results
1		
2		
3		
4		

Interviewer Notes and Comments