

LIFESPIRE OF VIRGINIA

APPLICATION FOR EMPLOYMENT

We welcome your interest in joining the staff at LIFESPIRE OF VIRGINIA. In order for you to be fully considered for a position with LIFESPIRE OF VIRGINIA, it is necessary that you satisfactorily complete this application.

PLEASE NOTE:

- **COMPLETE APPLICATION** – Applications that have not been fully completed and signed will not be accepted. If there is insufficient space on the application for you to provide a completed response, please use an extra sheet of paper and attach to the application.
- **ACCURACY** - If you wish to submit a resume, please attach it to the application. DO NOT REFER TO A RESUME IN RESPONSE TO ANY APPLICATION QUESTION. All questions must be answered on the application itself.
- **CRIMINAL BACKGROUND CHECKS** – Criminal background checks are a mandatory part of our hiring process. As part of your application for employment, you will be asked a question about convictions for crimes. If you answer this question 'yes', you will be asked to provide details. A 'yes' answer does not automatically disqualify you from employment. Failure to provide accurate information may affect your employment status.
- **DRUG USE POLICY** – LIFESPIRE OF VIRGINIA does not hire or knowingly employ persons who use illegal drugs. Persons employed by LIFESPIRE OF VIRGINIA may be subject to periodic tests for illegal drugs. By completing this application, you are agreeing that upon request, you will submit to drug testing and to have the specimens tested at a laboratory selected by LIFESPIRE OF VIRGINIA.

LIFESPIRE OF VIRGINIA does not discriminate in hiring or employment on the basis of race, color, sex, religion, disability, genetic information, national origin, or on the basis of age. No question on this application is intended to secure information to be used for such discrimination. Proof of identity and work authorization will be required upon employment in accordance with federal regulations. This Company intends to check and hold you responsible for the accuracy of the statements you make on this application. This application will receive consideration for the specified position for 30 days however will remain on file for 1 year.

Personal Data

Name _____
(Last) (First) (MI) (Alternate Last)

Address _____

(City) (State) (Zip)

Phone Number _____ Cell: _____

Email Address _____ Are you 18 years or older? Yes No

Position Information

Position Desired _____ Salary desired _____

Have you ever applied here before? _____ When? _____

Have you ever worked for LIFESPIRE OF VIRGINIA? _____ When? _____

If yes, give the name(s) if different from the one given on this application _____

Are you applying for Full time Part time PRN Date available for work _____

Would you consider working any shift? Yes No Shift Preference 1st 2nd 3rd

Weekends? Yes No Holidays? Yes No Rotating Shifts or On-Call Shifts? Yes No

General

Are you legally authorized to work in the United States? Yes No (*Proof of work authorization will be required upon employment*)

If the position you are applying for requires a driver's license, do you possess a valid driver's license?
Yes State _____ License No: _____ No

Do you have relatives working for LIFESPIRE OF VIRGINIA? Yes No If yes, complete the following:
Name _____ Department _____ Relationship _____

Have you reviewed a job description for the position or had the essential functions of the job explained to you? Yes No

Are you able to perform the essential functions with or without reasonable accommodation? Yes No

Background

Have you ever been convicted of any crime? Yes No If yes, please briefly describe the nature of the crime(s), the date and place of conviction and the legal disposition of the case.

Are you currently out on bail or released on your own recognizance pending trial? Yes No

This company will not deny employment to any applicant solely because the person has been convicted of a crime. The company, may, however, consider the nature, date, and circumstances of the offense as well as whether the offense is relevant to the duties of the position applied for.

Other Qualifications

Job-related training courses (give title and year). Job-related skills (other languages, computer software/hardware, tools, machinery, typing speed, etc.) Job-related certificates and licenses (current only).

Work History

Include all of your employment experience, listing the most recent position first. **Provide your complete employment history even if you attach a resume.** If you had more than one position with the same employer, list each position separately. If more space is needed, use the same format on another piece of paper. Please explain gaps of more than six months in employment on a separate piece of paper.

Company: _____ **Immediate Supervisor:** _____

Address: _____
(Street) (City) (ZIP)

Phone: _____ **Dates:** From _____ To _____ **Type of Business:** _____

Your Title: _____ **Starting Salary:** _____ **Ending Salary:** _____

Major Responsibilities: _____

Reason for leaving: _____ **If this is your current employer, may we contact them?** Yes No

Company: _____ **Immediate Supervisor:** _____

Address: _____
(Street) (City) (ZIP)

Phone: _____ **Dates:** From _____ To _____ **Type of Business:** _____

Your Title: _____ **Starting Salary:** _____ **Ending Salary:** _____

Major Responsibilities: _____

Reason for leaving: _____

Company: _____ **Immediate Supervisor:** _____

Address: _____
(Street) (City) (ZIP)

Phone: _____ **Dates:** From _____ To _____ **Type of Business:** _____

Your Title: _____ **Starting Salary:** _____ **Ending Salary:** _____

Major Responsibilities: _____

Reason for leaving: _____

Company: _____ **Immediate Supervisor:** _____

Address: _____
(Street) (City) (ZIP)

Phone: _____ **Dates:** From _____ To _____ **Type of Business:** _____

Your Title: _____ **Starting Salary:** _____ **Ending Salary:** _____

Major Responsibilities: _____

Reason for leaving: _____

Education

Mark highest level completed

Some High School HS/GED Associate Bachelor Master Doctorate/PhD

Last High School or GED school. Give the school's name, city, State, ZIP code (if known).

School **City** **State** **ZIP**

Colleges and universities attended. (Do not attach a copy of your transcript unless requested.)

Name	Address (City & State)	Major(s)	Degree Obtained
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Professional Licenses/Certifications

Type **State Issued** **Date Issued** **Expires** **Number**

Type **State Issued** **Date Issued** **Expires** **Number**

References – Please list professional references (not relatives) who have known you for at least two years.

1. Name of Reference: _____ Phone #: _____

Email Address: _____ Relationship: _____

2. Name of Reference: _____ Phone #: _____

Email Address: _____ Relationship: _____

3. Name of Reference: _____ Phone #: _____

Email Address: _____ Relationship: _____

PLEASE READ CAREFULLY BEFORE SIGNING

This application will be considered active for 30 days from the date filed. If you are hired, it becomes part of your employment record.

In connection with my employment with LIFESPIRE OF VIRGINIA, I understand that investigative background inquiries are to be made of myself including Criminal, Driving, Schools and other Reports. These reports will include information as to my character, work habits, performance and experience along with reasons for termination and of past employment from previous employers. Further, I understand that information from various Federal, State and other agencies which maintain records concerning my past activities relating to my Driving, Criminal, Civil and other experiences as well as claims involving me in the files of insurance companies will be requested.

I authorize all schools which I attended and all previous employers to furnish to LIFESPIRE OF VIRGINIA, or their agent, my record, reason for leaving and all information they may have concerning me, and hereby release them and LIFESPIRE OF VIRGINIA, from all liability for any damage whatsoever.

By signing this application, I authorize the Company to make investigation and indicate my awareness that false statements or failures to disclose certain information may be sufficient to disqualify me for employment, or if employed, may result in my dismissal.

I understand that proof of identity and work authorization will be required upon employment in accordance with federal regulations. In the event of my employment by LIFESPIRE OF VIRGINIA, I agree to abide by all present and subsequently issued rules of LIFESPIRE OF VIRGINIA.

I also understand that if employed by LIFESPIRE OF VIRGINIA, any claim or lawsuit relating to my service must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary.

I understand that my employment is at will and that either party is free to terminate the employment relationship at any time without cause. Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements and the like as they may exist from time to time, or other company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of LIFESPIRE OF VIRGINIA, or otherwise change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Executive Director of the Company.

I certify that all information given on this application and any accompanying documents is true, complete and correct to the best of my knowledge and belief, and is made in good faith.

Print Full Name: _____

Applicant's Signature: _____

Date: _____

VIRGINIA DEPARTMENT OF SOCIAL SERVICES

SWORN STATEMENT OR AFFIRMATION
FOR ADULT FACILITY EMPLOYEES

To the Applicant:

Section 63.2-1720 of the Code of Virginia requires that any person 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 have 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

1. _____
Last Name First Middle Maiden Social Security Number

Address Street/P.O. Box/Apt. # City State Zip Code

2. 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 _____

3. Are you the subject of any pending criminal charges? ____ yes ____ no

If yes, 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.

Applicant's Signature _____ Date: _____

NOTE TO LICENSEE: This form must be retained for all compensated employees.
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