

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 been given a job description or had the essential functions of the job explained to you? Yes No

Are you able to perform the essential functions with or without a 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: _____

To complete the application process your signature, along with the date of the application, is required on the Affidavit and Sworn Disclosure form on the following pages. Because of the personal, sensitive information required to successfully complete pre-employment inquiries, the Affidavit is separated from the Application before it is forwarded to the Directors and/or Manager for consideration.