



Date completed: _____

Last Name: _____ First Name: _____ Middle I _____ Home Phone: _____

Address _____
Street

City State Zip

Position or type of work _____ Seeking: Fulltime Part-time PRN

Shift: Day Evening Night Can you work weekends? Yes No

Date available to work: _____ Ever been employed by Covenant Woods or Richmond Home for Ladies? _____

List any relatives who are currently employed or live in our facility: _____
Name(s) Relationship Dept.

Who referred you to Covenant Woods? _____

Are you at least 18 years old? Yes No Do you have a legal right to work in the U.S.? Yes No

Have you, since the age of 18 or within the last 7 years (whichever is most recent) ever been convicted of a crime? If yes, describe below.*

*A conviction will not necessarily bar an applicant from employment.

Indicate any reasonable job accommodations that may be made to enable you to perform the duties of the job for which you are applying.

Education: Name City State Major Subject Degree/Date received Or expected

High School				
College				
College				
Graduate School				
Business/Trade/Nursing/Military Training				

List any special skills or equipment you have operated: _____

All registered, licensed and certified employees must submit proof upon employment.

Type of License, Registry or Certification	Issuing state or organization	Number	Expiration Date

Employment History: Beginning with your present or last position, list the last four jobs you have held.

Employer	Supervisor	Salary
Address		Phone
Dates Employed From:	To:	Position Held:
Reason for Leaving		
Duties:		
Special Equipment or machinery operated:		
May we contact employer? Yes No If no, list reason:		
Employer	Supervisor	Salary
Address		Phone
Dates Employed From:	To:	Position Held:
Reason for Leaving		
Duties:		
Special Equipment or machinery operated:		
May we contact employer? Yes No If no, list reason:		
Employer	Supervisor	Salary
Address		Phone
Dates Employed From:	To:	Position Held:
Reason for Leaving		
Duties:		
Special Equipment or machinery operated:		
May we contact employer? Yes No If no, list reason:		
Employer	Supervisor	Salary
Address		Phone
Dates Employed From:	To:	Position Held:
Reason for Leaving		
Duties:		
Special Equipment or machinery operated:		
May we contact employer? Yes No If no, list reason:		

References: List 3 individuals who can attest to your *professional abilities / work accomplishments*.
(Do not list personal references).

Name:	Address:	Phone:	Relationship to You

Applicant's Certification and Agreement PLEASE READ CAREFULLY BEFORE SIGNING

- I certify that the information contained in this application is correct to the best of my knowledge and understand that any falsification, misrepresentation or omission on this application is grounds for refusal to hire, or if hired, dismissal. I authorize any of the persons or organizations referenced in this application to give Covenant Woods any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by the application and release all such parties and Covenant Woods from all liability for any damage that may result from furnishing such information. I authorize Covenant Woods to request and receive such information.
- My employment is not guaranteed for any term, and my employment may be terminated by the Company or myself at any time and for any reason. No management official is authorized to make any oral assurance or promise of continued employment.
- I understand that all information contained on the application is subject to verification. All offers of employment are contingent upon successful completion of the Criminal Background check and reference checks.
- If my application for employment is accepted, the effective date of my employment shall be the time I actually begin to work. If I am employed, I agree to comply with the rules, regulations and policies of Covenant Woods and acknowledge that these rules, regulations and policies may be changed, interpreted, withdrawn, or supplemented at any time, and without prior notice to me.
- This application will remain active for 6 months. If I am not hired within 6 months, I will need to reapply for employment if I wish to be considered for employment with Covenant Woods.

SIGNATURE

DATE

Authorization for Release of Information

I, the undersigned, hereby authorize and request any present or former employer, educational institution, law enforcement agency, or other persons having personal knowledge about me to furnish Covenant Woods, and/or agents, with any and all information regarding me in connection with an application for or retention of employment. Further, I hereby release from liability and hold harmless all persons and corporations supplying this information to Covenant Woods and/or its agents. A photocopy of this authorization is as effective as the original.

Signed _____

Date _____

SWORN DISCLOSURE STATEMENT

Sections 63.1-173.2, 63.1-189.1 and 63.1-194.13 of the Code of Virginia require that any person desiring work at a licensed home for adults or licensed adult day care center provide the hiring facility with a sworn disclosure 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 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 hired provided five years has elapsed since the conviction.

Any person making a false statement on this form regarding any criminal offense shall be guilty upon conviction of a Class 1 misdemeanor.

Further dissemination of the information provided on this form is prohibited other than to a federal or state authority or court as may be required to comply with an express requirement of law for such further dissemination.

1. _____
Last Name First Middle/Maiden Social Security

Street/P.O. Box City State Zip code
2. Have you ever been convicted of a law violation(s) but excluding offenses committed before your eighteenth birthday which 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 please 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: _____

