



WARM HEARTH INC.

APPLICATION FOR EMPLOYMENT

Sent To: _____
Date: _____

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, veteran status, or any other legally protected status.

Position(s) Applied For: _____

Date of Application: _____

How Did You Learn About Us?

- Advertisement Friend Walk-in
 Employment Agency Relative Other _____

Last Name First Name Middle Name Maiden Name

Address City State Zip Code

Telephone Number(s) Social Security Number

If you are under 18 years of age, can you provide required proof of your age and eligibility to work? Yes No

Have you ever been employed with us before: Yes No

If yes, give dates: From: _____ To: _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you legally eligible for employment in this country? Yes No

(Proof of citizenship or immigration status will be required upon employment.)

On what date would you be available to work? _____

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Do you have dependable means of transportation to and from work? Yes No

Have you ever been convicted of a crime? *(The existence of a criminal record may not constitute an automatic bar to employment.)* If yes, please explain _____ Yes No

Are you suspended, excluded, or otherwise restricted from participation in any federal health care program by the Office of the Inspector General? Yes No

Name & Location	Did you graduate?	Course of Study	
High School			
College		Major	Degree
Other			

SKILLS AND QUALIFICATIONS

Summarize any training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying. Include job-related skills and qualifications from employment or other experience.

REFERENCES (List persons whom we may contact, such as former co-workers, supervisors, friends, etc, who are familiar with your employment background and qualifications. Please do not list relatives.)

1. _____
Name Address Phone Number

2. _____
Name Address Phone Number

EMPLOYMENT HISTORY

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

From	To	Employer	Telephone
Job Title		Address	
Supervisor and Title		Summarize the nature of work performed and job responsibilities:	
Hourly Rate/Salary: Start:\$ _____ Per _____ Final:\$ _____ Per _____			
Reason for Leaving			
From	To	Employer	Telephone
Job Title		Address	
Supervisor and Title		Summarize the nature of work performed and job responsibilities:	
Hourly Rate/Salary: Start:\$ _____ Per _____ Final:\$ _____ Per _____			
Reason for Leaving			
From	To	Employer	Telephone
Job Title		Address	
Supervisor and Title		Summarize the nature of work performed and job responsibilities:	
Hourly Rate/Salary: Start:\$ _____ Per _____ Final:\$ _____ Per _____			
Reason for Leaving			

(If you need additional space, please continue on a separate sheet of paper)

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.
 I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.
 This application for employment shall be considered active for a period of time not to exceed 60 days. Any applicant wishing to be considered for employment beyond this period of time should inquire as to whether or not applications are being accepted at that time and if so, the applicant should fill out another application.
 I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.
 In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also, that I will be required to abide by all rules and regulations of the employer.

Name

Date



Warm Hearth Village has established a drug-free workplace policy for the safety of its employees and residents. Due to the nature of our work, a drug-free workplace is essential for a healthy and safe environment.

The Drug-Free Workplace Program includes testing for alcohol and/or drugs as one method to address the threat of substance abuse in the workplace.

I understand that:

- ◇ Drug testing is a condition of employment and continued employment at Warm Hearth Village.
- ◇ It is my responsibility to read and understand the Drug-Free Workplace Policy, and that I will ask for assistance if necessary to understand the policy.
- ◇ Illegal use of drugs could result in disciplinary action up to and including termination.
- ◇ Use of alcohol contrary to the Policy could result in disciplinary action up to and including termination.
- ◇ Refusal to submit for testing will result in termination.

Name (print): _____

Signature: _____ **Date:** _____

Affidavit for Release of Information

I hereby give consent and authorize the Virginia State Police to search the files of the Central Criminal Records Exchange for any criminal history record and report the results to such search to the agent or individual authorized in this document to receive same.

_____ **Date:** _____

Signature of Person Named in record



VOLUNTARY EEO IDENTIFICATION



Various agencies of the United States Government require employers to maintain information on applicants pertaining to factors such as race, sex, and type of position for which an individual applies. The information requested on this sheet is for compliance with certain record keeping requirements. WarmHearth believes all person are entitled to equal employment opportunities and does not discriminate against it's employees or applicants for employment because of race, color, sex, religion, national origin, disability, veteran status, age, marital status or any other protected group status.

Name _____ Date _____

Position Applied for _____

Social Security Number _____ Date of Birth _____ Sex: ___Male ___Female
Month/Day/Year

Race/Ethnic Data:

- White (Non-Hispanic) Asian or Pacific Islander American Indian or Alaskan Native
- Black (Non-Hispanic) Hispanic

Regulations issued by the U.S. Department of Labor with respect to disabled individual, disabled veterans, and Vietnam Era veterans require that federal contractors provide an opportunity for self-identification to candidates seeking employment. Such self-identification is submitted on a voluntary basis, on a confidential basis, for use only in accordance with regulations, and without subjecting the individual to adverse treatment.

Disabled/Veteran Classification(s):

- Disabled Person Vietnam Era Veteran Special Disabled Veteran

EXPLANATION OF THE CATEGORIES:

White (Non-Hispanic Origin): Persons having origins in any of the original peoples of Europe, North Africa or the Middle East

Black (Non-Hispanic): Persons having origins in any of the black racial groups of Africa.

Asian or Pacific Islander: Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Pacific Islands, or the Indian subcontinent including, for example, China, Japan, Korea, the Philippines, Samoa, India or Pakistan.

Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or South America or other Spanish culture or origin, regardless of race.

American Indian or Alaskan Native: Persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.

Disabled Individual: Federal regulations define a disabled person as one who (1) has a physical or mental impairment that substantially limits one or more of such person's major life activities, (2) has a history of such impairment, or (3) is regarded as having such an impairment.

Vietnam Era Veteran: Federal regulations define a veteran of the Vietnam Era as one who (1) served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975, and was discharged or released with other than a dishonorable discharge, or (2) was discharged or released from active duty for a service connected disability if any part of such active duty was performed between August 5, 1964 and May 7, 1975.

Special Disabled Veteran: Federal regulations define a special disabled veteran as one who (1) is entitled to compensation under laws administered by the Veterans' Administration for a disability rated 30% or more, or (2) was discharged or released from active duty because of a service-connected disability.

AN EQUAL OPPORTUNITY EMPLOYER

DEPARTMENT OF SOCIAL SERVICES
DIVISION OF LICENSING PROGRAMS
SWORN DISCLOSURE STATEMENT

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 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 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.

1. _____

Last Name	First	Middle	Maiden	Social Security Number
_____			City	State
Street/P.O. Box		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, 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: _____

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