

APPLICATION FOR EMPLOYMENT

Powhatan Nursing Home
2100 Powhatan Street
Falls Church, Virginia 22043
(703) 538-2400

Instructions: Complete all necessary information. Failure to complete all required information could result in dismissal. You may be asked to provide additional information on another form. This application will be kept on file. Be sure to sign and date this application. *Please Print.*

Name: _____

Social Security #: _____ Phone: () _____

Address: _____

City/State/Zip: _____

Position Applied For: _____ Shift Preferred: 1 2 3 Any

Expected Pay: _____ On what date would you be available for work? _____

Would you accept full-time work? Yes No

Would you accept part-time work? Yes No

Have you ever been employed here before? No Yes Date _____

Are you legally eligible for employment in the United States? _____

Yes No (if yes, proof is required)

Are you of legal age to work in the United States? Yes No

EDUCATIONAL BACKGROUND

(circle highest level completed)

Grammar School 5 6 7 8

High School 9 10 11 12

College 1 2 3 4

Vocational Training? _____

Graduate Degree? _____

Training in what field? _____

Name of last school attended _____

EMPLOYMENT EXPERIENCE

Place an by the employer's that you *do not* want us to contact. List your most recent employer first.

1. Employer: _____ Address: _____
 Phone: () _____
Job Title: _____ Supervisor: _____
Dates Employed: from _____ to _____ Hourly rate/salary: starting _____ final _____
Work Performed: _____ Reason for leaving: _____
2. Employer: _____ Address: _____
 Phone: () _____
Job Title: _____ Supervisor: _____
Dates Employed: from _____ to _____ Hourly rate/salary: starting _____ final _____
Work Performed: _____ Reason for leaving: _____
3. Employer: _____ Address: _____
 Phone: () _____
Job Title: _____ Supervisor: _____
Dates Employed: from _____ to _____ Hourly rate/salary: starting _____ final _____
Work Performed: _____ Reason for leaving: _____
4. Employer: _____ Address: _____
 Phone: () _____
Job Title: _____ Supervisor: _____
Dates Employed: from _____ to _____ Hourly rate/salary: starting _____ final _____
Work Performed: _____ Reason for leaving: _____

PERSONAL REFERENCES

(other than family members or previous employers)

1. Name: _____ Phone: () _____
Address: _____
2. Name: _____ Phone: () _____
Address: _____

ADDITIONAL INFORMATION

TO THE APPLICANT: Read this section carefully before answering any of the questions in this area. Answer the following questions only if the box at the left of the questions is checked. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, creed, religion, sex, or national origin. Federal laws also prohibit other types of discrimination such as age, citizenship, disability, veteran status, statement of benefits, or participation in union activities. Only those questions checked below are believed by the employer to be needed for a legally permissible reason.

- You have been given a written job description which includes the essential job functions of the position for which you have applied. Are you able to perform each of the essential job functions listed for this position with or without accommodation? Yes No
- If you can perform the job functions with an accommodation, please describe how you would perform the functions and with what accommodations.

- Sex: M F
- Height: ___ ft ___ in. Weight: ___ lbs.
- Are you eligible to be bonded? Yes No

Other bonafide occupation questions may be listed below by the employer. Answer only those checked:

I attest to the fact that I have no criminal convictions or any pending criminal charges whether within or without the Commonwealth of Virginia.

Yes No if no, explain: _____

Date: _____

Signature: _____

Please be sure to sign and date this application. Thank you for your interest in Powhatan Nursing Home.

I understand that the Immigration Reform and Control Act of November 6, 1986 requires me to prove the legality of my residency or citizenship. I am also aware that the failure to provide such proof at the time of request may legally force my termination. To the best of my knowledge the information contained in this application is true. I authorize the release of reference information to Powhatan Nursing Home regarding my past employment. I understand that nothing contained in this employment application or in the granting of an interview is intended to create a contract between me and this company for either employment or the provision of any benefits; and further understand that if an employment relationship subsequently is established, I will have the right to terminate my employment at any time and the company will have a similar right. In addition, I understand that no promise, representation or agreement contrary to the foregoing is binding on the company unless made in writing and signed by me and an authorized representative of the company. The signature of the applicant is confirmation that the information provided is complete and true.

Applicant's Signature _____

Date _____

Applicant: Do not write on this page. For Office use only.

Interview Results

Interviewer: _____ Date: _____

Comments: _____

Reference Check

Results of Reference Check

Employer 1	
Employer 2	
Employer 3	
Employer 4	
Personal	
Personal	
Personal	

Employed: Yes No

Date of Employment: _____ Department: _____

Job Title: _____ Hourly Rate/Salary: _____