

PINNACLE LIVING

Form 2.10

Hermitage Richmond Lydia Roper Home Hermitage Northern Virginia
Hermitage Roanoke Hermitage Eastern Shore
Cedarfield

Our mission is Enriching Life's Journey.

APPLICATION FOR EMPLOYMENT

We offer equal employment opportunities to all persons without discrimination on the basis of race, color, religion, age, marital or veteran's status, sex, national origin, citizenship status, physical or mental disability, or past, present or future service in the Uniformed Services of the U.S. or any other legally protected status.

(Please Print)

PERSONAL INFORMATION

Name (last name first): _____, _____	Date: ____ / ____ / ____		
Address: _____	City: _____	State: _____	Zip Code: _____
Phone Number: (____) ____ - _____	Social Security Number: ____ / ____ / ____		

Position(s) applied for: _____

Referred By: _____

Type of employment desired: Full-Time Part-Time Expected Rate of Pay: \$ _____

Were you previously employed by us? Yes No If yes, give date(s): _____

Do you have friends or relatives who work here? Yes No If yes, list names _____

Are you legally eligible for employment in the U.S.A.? Yes No State age if under 18: _____

Can you produce documented proof of identity and eligibility for employment in the U.S.A.? Yes No

If your application is considered favorably, on what date will you be available for work? _____

Are you capable of performing the essential duties of the position?

Yes No If no, please explain _____

EDUCATION

Type of School	Name and Address of School	Courses Majored In	Last Year Completed
Elementary			<input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8
High School			<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12
College			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Graduate/Other			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4

What Diploma/Degree(s) do you now hold? _____

Professional license(s) or certification(s) held _____

License(s) Number _____

Expiration Date(s) _____

State(s) Issued _____

Are you currently the subject of an investigation by a licensing or certifying agency? _____

PERSONAL REFERENCES

(Not Former Employers or Relatives)

Name	Address	Telephone	Occupation	Years Known
Name	Address	Telephone	Occupation	Years Known
Name	Address	Telephone	Occupation	Years Known

EMPLOYMENT HISTORY

(Please list most recent employer first)

Employer	Dates Employed		Describe Work Performed
Phone ()	From:	To:	
Address			
Job Title	Hourly Rate/Salary		
Supervisor	Start:	Last:	
Reason for Leaving			

Employer	Dates Employed		Describe Work Performed
Phone ()	From:	To:	
Address			
Job Title	Hourly Rate/Salary		
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Employer	Dates Employed		Describe Work Performed
Phone ()	From:	To:	
Address			
Job Title	Hourly Rate/Salary		
Supervisor	Start:	Last:	
Reason for Leaving			

I certify that the information contained in this application is correct to the best of my knowledge and understand that falsification, misrepresentation or material omission of this information is grounds for refusal to hire, or if hired, immediate discharge.

I authorize any of the persons or organizations referenced in this application to give you 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 this application and release all such parties from all liability for any damage that may result from furnishing such information to you. I authorize you to request and receive such information.

In consideration of my employment and being considered for employment by Pinnacle Living, I agree to conform to the rules and regulations of the corporation and acknowledge that these rules and regulations may be changed, interpreted, withdrawn, or terminated, and any offer of employment, if such is made, may be withdrawn, with or without prior notice, at any time, at the option of Pinnacle Living, or myself. I hereby consent to the publication of information concerning any employment to other legitimate inquirers.

I understand that no representative of Pinnacle Living has any authority to enter into any agreement for employment for any specified period of time, or to assure any benefits of employment. I acknowledge that Pinnacle Living retains the right to terminate any team member at any time, for any reason or for no reason.

In making application for employment by Pinnacle Living, I acknowledge that I may be requested to undergo a monitored drug screening examination and if offered employment may be subject to random drug testing.

Pinnacle Living is an equal opportunity employer. This application shall remain on file for thirty (30) days after which you should file a new application if you should be interested in consideration for a position after that period of time has elapsed.

Signature of Applicant

Date

ADULT FACILITIES

SWORN DISCLOSURE STATEMENT

To the Applicant:

Sections 63.2-1720 and 32.1-126.01 of the Code of Virginia require that any person desiring work at a licensed home for adults or a licensed nursing home 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 homes for adults or a licensed nursing home from hiring any individuals convicted of the following: murder, manslaughter, malicious wounding by mob, abduction, abduction for immoral purposes, assaults and bodily wounding, robbery, carjacking, threats of death or bodily wounding, felony stalking, sexual assault, arson, drive by shooting, use of machine gun in a crime of violence, aggressive use of machine gun, use of 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 an incapacitated adult, employing or permitting a minor to assist in an act constituting an offense under Article 5 of Chapter 8 of Title 18.2, delivery of drugs to prisoners, escape from jail, felony by prisoner, extortion, felony violation of a protective order, or any equivalent offense in another state. A complete list of "barrier" crimes can be found at Code of Virginia Sections 63.2-1719 and 32.1-126.01, which may be found on the Virginia Legislative Information System website (<http://leg1.state.va.us/>) or the Virginia Department of Social Services website (<http://www.dss.virginia.gov/>).

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.

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

1. _____

Last Name	First	Middle/Maiden	Social Security Number

Street/P.O. Box	City	State	Zip Code

2. Have you ever been convicted of a crime(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 name at the time the crime(s) was committed, list all crimes and explain. _____

3. Are you the subject of any pending criminal charges? yes no
If yes, please explain. _____

4. Have you ever been the subject of a founded complaint of child abuse or neglect within or outside Virginia?
 yes no If yes, please explain. _____

5. I hereby affirm that the information provided on this form is true and complete, and I agree and understand that any falsification or material omission 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.

Signature of Applicant _____ Date _____

Employers N.B.: This form must be retained for all compensated team members. 032-05-163/1 (3-93) Any applicant denied employment because of convictions appearing on the criminal record report shall be provided a copy of the report.

For Pinnacle Living Use

Interviewed By:

Date:

Remarks:

Interviewed By:

Date:

Remarks:

Interviewed By:

Date:

Remarks: