

Dinwiddie Health & Rehab Center

APPLICATION FOR EMPLOYMENT

Commonwealth Care of Roanoke, Inc. and its affiliates are equal opportunity employers and do not discriminate because of sex, age, race, color, religion, national origin or any other legally protected status. Further, Commonwealth Care of Roanoke, Inc. complies with Section 504 of the Rehabilitation Act of 1973 which prohibits discrimination because of handicap, and the Americans with Disabilities Act of 1990, which prohibits discrimination because of a defined disability.

Please complete every item or write NA if not applicable

Date of Application: _____

Name _____ First Name Middle Initial Last Name			Street Address _____		
Apt. # or Box _____	City _____	State _____	Zip _____	Home Telephone No. with area code (____) _____	
Are you 18 or Older? <input type="radio"/> Yes <input type="radio"/> No	Are you legally authorized to work in the United States? <input type="radio"/> Yes <input type="radio"/> No	Social Security Number: _____			
		Driver's License Number: _____			
Position Desired? _____					
Where are you now employed?			Reason for desired change?		
Why do you choose working in long term care and rehab? _____					
What was your referral source? <input type="radio"/> Newspaper Ad <input type="radio"/> Friend <input type="radio"/> Other - please specify: _____					
Please check all applicable. <input type="radio"/> Employment Agency <input type="radio"/> Radio Ad <input type="radio"/> Website					
Are you related to anyone who works for us now? If so, who and how? _____					
Expected Wages _____ per _____			Date Available for Work? _____		
Are you willing to work holidays? <input type="radio"/> Yes <input type="radio"/> No		Are you willing to work weekends? <input type="radio"/> Yes <input type="radio"/> No			
You are seeking? <input type="radio"/> Full time <input type="radio"/> Part time					
You are seeking? <input type="radio"/> Day shift <input type="radio"/> Evening shift <input type="radio"/> Night shift <input type="radio"/> 12 hour DAY shift <input type="radio"/> 12 hour NIGHT shift <input type="radio"/> Rotating					
Have you ever been convicted of any violation of the law <u>excluding</u> minor traffic violations, whether within or outside of the Commonwealth of Virginia? (Record of conviction does not necessarily disqualify you from employment.) <input type="radio"/> Yes <input type="radio"/> No					
If yes, state date, court and place where offense occurred: _____					
Are you subject to any pending criminal charges whether within or without the Commonwealth of Virginia? <input type="radio"/> Yes <input type="radio"/> No If yes, explain alleged offense including date and place where alleged offense occurred: _____					
Have you ever been debarred, excluded, or rendered ineligible for participation in federal healthcare programs (i.e., Medicare)? <input type="radio"/> Yes <input type="radio"/> No					
If yes, explain _____					
Under Virginia law any person making a materially false statement when providing this sworn statement or affirmation regarding any such offense shall be guilty upon conviction of a Class 1 misdemeanor.					
Are there any special skills, volunteer experience or other qualifications which you feel would benefit our organization? Please describe: _____					
Have you ever served in the military? <input type="radio"/> Yes <input type="radio"/> No					
Branch? _____ Date of discharge? _____					
Specialty/Training? _____					
Applicants who are licensed professionals please complete the following:					
License/Registration Number _____ State Issued _____ Date Expires _____					

Education

Name and Location of Schools or Colleges	Major Subject	Did You Graduate?	College Degree	Period of Attendance	
				From	To
High School / GED					
School of Nursing / other training					
College/University					

FORMER EMPLOYERS AND EXPERIENCE

Name and Address	Phone #	Nature of Experience	Period		Cash Salary	May be contacted?	Reason for Leaving
						<input type="radio"/> Yes <input type="radio"/> No	
						<input type="radio"/> Yes <input type="radio"/> No	
						<input type="radio"/> Yes <input type="radio"/> No	
						<input type="radio"/> Yes <input type="radio"/> No	
						<input type="radio"/> Yes <input type="radio"/> No	

PERSONAL / PROFESSIONAL REFERENCES

Name	Address	Phone	Relationship

Have you ever worked at this facility before? Yes No If yes, when and position _____
 Have you ever worked for a Commonwealth Care of Roanoke, Inc. facility before? Yes No
 If yes, when, position and location _____

If you receive a conditional offer of employment, will you submit to a test for illegal use of drugs or alcohol? Yes No

APPLICANTS: Do not answer this question unless you have been informed about the requirements of the job for which you are applying . Are you able to perform these tasks with or without reasonable accommodations? Yes No

A description of tasks involved will be reviewed during the interview.

I acknowledge that this application will be valid for 90 days only. I hereby certify that this application is a complete record and that all entries are true and accurate to the best of my knowledge. I understand as part of the application process Dinwiddie Health and Rehab Center will if applicable verify with the state(s) licensed nurse's boards, nurse's aide registry and other professional licenses the status of my license/certification and any information available regarding such for use in evaluating my application for employment. I give the company permission to complete a criminal record check as required by law. I acknowledge that I have accurately completed the sworn statement on this application. Further, I give the company permission to check the Federal OIG List of Excluded Individual/Entities. I consent to former employers being contacted in reference to my being considered for employment, and that if employed, falsified statements on this application shall be considered cause for dismissal.

I understand that I will be required to submit to a drug screening as a part of my post offer / pre-employment process.

In the event of my employment, I agree to comply with all policies, procedures, and rules or other management communications as may be directed to associates. I understand that employment is the result of a voluntary decision on my part to seek employment and a voluntary decision by the company to employ me.

I understand that if employed by Dinwiddie Health & Rehab Center, my employment may be terminated at any time, with or without cause.

I also understand that neither this application nor any communication by a management representative is intended to create or creates a contract for employment or a guarantee of benefits.

If employed, I will be required to complete an Employment Verification Form (I-9), and within three days show satisfactory evidence of identity and eligibility for employment as required by the Immigration and Naturalization Service.

The needs of Dinwiddie Health & Rehab Center will make the **following conditions mandatory**: overtime, shift work, a rotation work schedule, or a work schedule other than Monday through Friday. If employed, I accept these conditions.

I understand that should I need accommodation for an interview I should request such in advance.

I understand that Dinwiddie Health & Rehab Center and Commonwealth Care of Roanoke, Inc. reserve the right to require its employees to submit to testing for illegal alcohol or drug use, or to allow inspection of bags (including purses, briefcases, lunch boxes, or other personal articles), parcels brought into or taken out of the facility, lockers, or personal automobiles while on company property or while carrying out company responsibilities. I understand that refusal to submit to testing or search, when requested to do so, may result in termination of my employment.

Compliance with this company's Drug Free Workplace Policy is a condition of employment. This company requires that every newly hired employee be alcohol or drug free. Each offer of employment is contingent upon successfully completing a test/screen for alcohol and drugs in accordance with Dinwiddie Health & Rehab Center and Commonwealth Care of Roanoke, Inc. policy. Continued employment is also contingent upon compliance with Dinwiddie Health & Rehab Center and Commonwealth Care of Roanoke, Inc.'s Drug Free Workplace Policy as the company requires that every employee be free of alcohol or drug abuse.

Applicant: _____
Signature

Date: _____