



## APPLICATION FOR EMPLOYMENT Drug Free Workplace

Virginia Health Rehabilitation Agency, L.L.C. (VHRA) is an Equal Opportunity Employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, age, veteran, or disability status.

How did you hear about VHRA & this position? \_\_\_\_\_

<b>POSITION DESIRED</b>	HOME PHONE: ( ) _____ CELL PHONE: ( ) _____	WHEN ARE YOU AVAILABLE	___ FULL TIME ___ PRN PART TIME
<b>APPLICANT'S PERSONAL DATA</b>	FULL NAME (Last, First, Middle, Maiden)		SOCIAL SECURITY NUMBER
	CURRENT ADDRESS		CITY, STATE, ZIP CODE
	HAVE YOU EVER BEEN EMPLOYED WITH VHRA? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes: Facility: _____ Dept: _____ Supervisor: _____ When: _____		ARE YOU UNDER 18 YEARS OLD? <input type="checkbox"/> YES <input type="checkbox"/> NO
	The State of Virginia requires that we obtain a criminal history check. Have you ever been convicted of a crime other than a traffic violation? <input type="checkbox"/> Yes If yes, when: _____ <input type="checkbox"/> No Explain: _____		NOTE: The existence of a criminal record does not automatically preclude employment.
PERSON TO NOTIFY IN CASE OF EMERGENCY		ADDRESS (Street, City, State, Zip Code)	HOME PHONE: ( ) _____ CELL PHONE: ( ) _____

<b>EDUCATION</b>	SCHOOL	NAME & ADDRESS OF SCHOOLS ATTENDED	CHECK LAST YEAR COMPLETED				DID YOU GRADUATE?	DEGREE OR DIPLOMA
			1	2	3	4		
	HIGH							
	COLLEGE							
	GRADUATE STUDY							
	OTHER (Specify)							

<b>LICENSURE</b>	PROFESSIONAL LICENSE	LICENSE or CERTIFICATION NUMBER	EXPIRATION DATE	STATE ISSUED
		PROFESSIONAL LICENSE	LICENSE or CERTIFICATION NUMBER	EXPIRATION DATE

<b>WORK EXPERIENCE</b>	FROM MO/YR	TO MO/YR	START WITH PRESENT OR MOST RECENT POSITION LIST EMPLOYERS NAME, FULL ADDRESS AND TELEPHONE NUMBER. ALL EXPERIENCE MUST BE ACCOUNTED FOR TO INCLUDE PERMANENT, TEMPORARY, MILITARY OR VOLUNTEER WORK.	POSITION HELD AND SUPERVISOR'S NAME	SALARY	REASON FOR LEAVING
HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN BY AN EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, explain: _____						

IF YOU ARE NOT A U.S. CITIZEN, IDENTIFY YOUR LEGAL AUTHORIZATION TO WORK/STUDY IN THE U.S.:

**HEALTH CARE PROVIDERS ONLY**—HAVE YOU EVER BEEN DISCIPLINED IN ANY MANNER BY A STATE REGULATORY AGENCY FOR ANY REASON?

NO  YES If Yes, please explain: \_\_\_\_\_

Give the names of three persons, not relatives, who know you and can give information about your suitability for employment.  
Some examples may include an employer, teacher, counselor, and/or clergyman.

**REFERENCES**

**NAME**

**ADDRESS**  
(Street, City, State, Zip Code)

**TELEPHONE**

NAME	ADDRESS (Street, City, State, Zip Code)	TELEPHONE

**PLEASE READ CAREFULLY**

**EACH PARAGRAPH MUST BE READ AND INITIALED BEFORE THE APPLICATION IS SIGNED:**

I consent to the release to Virginia Health Rehabilitation Agency, L.L.C. from current and former employers, schools, law enforcement agencies, and other individuals and organizations, information relevant to my consideration for employment. Such parties may rely upon this authorization as a waiver of any claim whatsoever I may have as a result of the party responding candidly to an inquiry from Virginia Health Rehabilitation Agency, L.L.C. In providing this release, I acknowledge that unfavorable references from any of the above listed references may be used to evaluate my employment with Virginia Health Rehabilitation Agency, L.L.C.

Initial \_\_\_\_\_

I understand that employment within Virginia Health Rehabilitation Agency, L.L.C is considered employment-at-will, and may be terminated at any time, for any reason without cause. Additionally, hours of work and work assignments can be altered to meet the needs of the company.

Initial \_\_\_\_\_

I understand that a false statement or omission of facts and circumstances on this application and/or on other documents related to my qualifications and background may be grounds for not hiring me or for termination. I certify that to the best of my knowledge and belief, all statements are correct, complete, current, and made in good faith and that I will attach information necessary to meet this disclosure requirement.

Initial \_\_\_\_\_

If I am offered employment, I understand that I will be subject to and agree to abide by Virginia Health Rehabilitation Agency, L.L.C. policies, procedures, rules, and practices. I also understand that I may be required to agree and submit to alcohol and/or substance abuse tests prior to my acceptance by Virginia Health Rehabilitation Agency, L.L.C and to periodic testing thereafter at the discretion of Virginia Health Rehabilitation Agency, in accordance with applicable Virginia Health Rehabilitation Agency, L.L.C. policies and/or practices.

Initial \_\_\_\_\_

I understand that I may be offered employment even though certain background checks and investigations, and checking of references may not have been completed. If such inquiries, upon completion, establish information which in Virginia Health Rehabilitation Agency, L.L.C. opinion makes me unqualified, I understand the job offer will be revoked.

Initial \_\_\_\_\_

I agree that Virginia Health Rehabilitation Agency, L.L.C. may, without further consent, make lawful use of any photographic picture or video image it may make or cause to be taken of me.

Initial \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

May we contact your present employer?

Yes  No If no, please explain: \_\_\_\_\_

## CRIMINAL HISTORY DISCLOSURE STATEMENT

*\*\* Please read carefully and follow all instructions. \*\**

The Code of Virginia prohibits licensed nursing homes, such as those owned and operated by Virginia Health Services, from employing individuals who have been convicted of the barrier crimes specified below. The Code also requires that all applicants for employment with a licensed nursing home in the Commonwealth of Virginia provide a sworn statement or affirmation disclosing any criminal conviction or any pending criminal charges in any jurisdiction, whether within or without the Commonwealth. Virginia Health Services will obtain a satisfactory criminal history record post-offer, pre-employment from the Central Criminal History Records Exchange of the Virginia State Police.

### **BARRIER CRIMES THAT PROHIBIT EMPLOYMENT WITH A LICENSED NURSING HOME**

- |   |   |
|---|---|
| Murder<br>Abduction for Immoral Purposes<br>Assaults and Bodily Wounding<br>Sexual Assault<br>Pandering<br>Escape from Jail<br>Taking Indecent Liberties with Children<br>Failure to Secure Medical Attention for an Injured Child<br>Any Equivalent Offense in another State | Crimes against Nature Involving Children<br>Incest<br>Robbery and Carjacking<br>Arson<br>Delivery of Drugs to Prisoners<br>Felonies by Prisoners<br>Abuse and Neglect of Children<br>Abuse or Neglect of an Incapacitated Adult<br>Obscenity Offenses |
|---|---|

Felony and/or misdemeanor convictions for crimes other than those specified as barrier crimes will not legally preclude employment by a licensed nursing home in the Commonwealth of Virginia. Virginia Health Services, in its sole discretion and judgment, may or may not choose to employ applicants with convictions for non-barrier crimes.

*\*\*You must check ONLY the one item in EACH box that applies to you. Sign and date below as acknowledgement.\*\**

**PLEASE READ CAREFULLY**

**Please note you must disclose any conviction within or outside of the Commonwealth of Virginia.**

#### **CRIMINAL HISTORY:**

*Check one of the following below:*

- I HAVE A CRIMINAL HISTORY**
- I DO NOT HAVE A CRIMINAL HISTORY**

#### **SEX OFFENDER:**

*Check one of the following below:*

- I AM A CONVICTED SEX OFFENDER**
- I AM NOT A CONVICTED SEX OFFENDER**

**Please list convictions (if applicable):** \_\_\_\_\_

#### **FULL DISCLOSURE AND NOTIFICATION OF FUTURE CHARGES**

I swear and affirm that I have given a full and truthful accounting of my criminal history as stated above. I also acknowledge the fact that if in the future, I am charged with any criminal offense, including those specified above as barrier crimes or sex offense within or without the Commonwealth of Virginia, I am required to notify my Administrator within 7 days of offense. Failure to report offense will result in disciplinary action up to and including termination. I hereby give my consent for Virginia Health Services, Inc, or its divisions thereof, to conduct a criminal history background search on my behalf.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

*Any material falsification, misrepresentation, or omission of fact relating to this statement shall be grounds for denial of or dismissal from employment with Virginia Health Services and shall deem you guilty upon conviction of a Class 1 misdemeanor.*

## INVITATION TO SELF-IDENTIFY BY RACE AND GENDER

Virginia Health Services, Inc. is committed to its role as an Equal Opportunity and Affirmative Action Employer. Qualified applicants are considered for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, age, veteran, or disability status.

In order to assist us in complying with equal opportunity and affirmative action record keeping and reporting requirements, please complete this Invitation to Self-Identify by Race and Gender. Submission of this information is completely voluntary. Choosing not to provide the information below will not subject you to adverse treatment.

This data will be kept strictly confidential and will be kept in a separate, confidential file. This information will be used only for government reporting purposes and will not be considered in the application process.

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Please check the appropriate boxes below:

### Gender Identification:

- Male       Female       I do not wish to provide this information

### Race Identification (federally defined):

- American Indian or Alaska Native:** a person (not Hispanic or Latino) with origins in any of the original peoples of North America who maintains cultural identification through tribal affiliation or community attachment.
- Asian:** a person (not Hispanic or Latino) with origins in any of the original people of the Far East, Southeast Asia, or the Indian Subcontinent. This area includes Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American:** a person (not Hispanic or Latino) with origins in any of the Black racial groups of Africa.
- Hispanic or Latino/a:** a person of Cuban, Mexican, Puerto Ricans, Central or South American, or other Spanish culture or origin, regardless of race.
- Native Hawaiian or Other Pacific Islander:** a person (not Hispanic or Latino) having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.
- White:** a person (not Hispanic or Latino) with origins in any of the original peoples of Europe, North Africa, or the Middle East.
- I do not wish to provide this information.

Applicant Signature: \_\_\_\_\_

## INVITATION TO SELF-IDENTIFY (VEVRAA)

### (Pre-Offer)

1. This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. § 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

A "*disabled veteran*" is one of the following: a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or a person who was discharged or released from active duty because of a service-connected disability.

A "*recently separated veteran*" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.

An "*active duty wartime or campaign badge veteran*" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

An "*Armed forces service medal veteran*" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service.

For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

2. If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED ABOVE

I AM NOT A PROTECTED VETERAN

3. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are consistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

4. The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

5. Virginia Health Services, Inc. ("VHS") is subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974 (VEVRAA), as amended, and the Veterans' Employment Opportunity Act of 1998 (VEOA). VEVRAA requires VHS to take affirmative action to employ and advance in employment special disabled veterans, veterans of the Vietnam era, and recently separated veterans covered by the Act. VEOA requires VHS to take affirmative action to employ and advance in employment "other eligible veterans" who served on active duty during a war or in any campaign or expedition for which award of a campaign badge has been authorized.

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2017  
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### Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.<sup>1</sup> To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

### How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

**Please check one of the boxes below:**

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Today's Date

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
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### Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

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<sup>1</sup> Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

**PUBLIC BURDEN STATEMENT:** According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.