

# WINDSORMEADE WILLIAMSBURG

*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: ( ____ ) ____ - _____ | <input type="checkbox"/> Mobile <input type="checkbox"/> Landline |
| Email: _____                        | 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)*

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

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

|                    |                       |       |                                |
|--------------------|-----------------------|-------|--------------------------------|
| <b>Employer</b>    | <b>Dates Employed</b> |       | <b>Describe Work Performed</b> |
| 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 WindsorMeade Williamsburg 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 WindsorMeade Williamsburg, or myself. I hereby consent to the publication of information concerning any employment to other legitimate inquirers.

I understand that no representative of WindsorMeade Williamsburg 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 WindsorMeade Williamsburg retains the right to terminate any employee at any time, for any reason or for no reason.

In making application for employment by WindsorMeade Williamsburg, 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.

WindsorMeade Williamsburg 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.

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**Signature of Applicant**

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**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 employees. 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 WindsorMeade Williamsburg Use**

*Interviewed By:*

*Date:*

*Remarks:*

*Interviewed By:*

*Date:*

*Remarks:*

*Interviewed By:*

*Date:*

*Remarks:*