



3805 Cutshaw Ave., Suite 414
 Richmond, VA 23230
 (804)237-6097
 (804) 237-6098 – fax
 www.hearthavens.org

Employment Application

Prospective employees will receive consideration without discrimination based on race, creed, color, sex, age, national origin, veteran status, marital status, disability, sexual orientation, citizenship status or any condition prescribed by state or local law.

Position Applied For: _____ Date: _____

Name: _____ SSN#: _____

Address: _____ Phone: _____

_____ Phone: _____

City, State

Zip

Do you have a High School Diploma or Equivalent: Yes: _____ No: _____ Year Completed: _____

Name of Institution	Course of Study/Degree	# of Years Attended	Graduation Date

Additional Skills, Qualifications or Trainings: _____

Do you possess **current** certifications in the following: CPR First Aid Therapeutic Options
 Medicaid Waiver VA Medication Administration

Which of the following would you consider: Full Time Part Time Relief Volunteer

Are you willing to work overtime? Yes No Are you willing to be On-Call? Yes No

Do you hold a valid VA drivers License? Yes No Positive Driving Record? Yes No

Has your driver's license ever been suspended? Yes No

If yes, please explain: _____

Have you ever been convicted in a court of law for any reason other than a minor traffic offense?

Yes No If yes, please explain: _____

Are you currently authorized to work in the United States for any employer? Yes No

If no, what is your current immigration status? _____

How did you hear about our company/current openings? _____

Please list former and current employers beginning with the most recent or positions with applicable experience

Company Name		Address	
Title	Dates Worked/From:	Dates Worked/To	Phone Number
Job Duties			Supervisor
Reason For Leaving			May we Contact

Company Name		Address	
Title	Dates Worked/From:	Dates Worked/To	Phone Number
Job Duties			Supervisor
Reason For Leaving			May we Contact

Company Name		Address	
Title	Dates Worked/From:	Dates Worked/To	Phone Number
Job Duties			Supervisor
Reason For Leaving			May we Contact

Please read and understand this statement before signing your application:

The information I have provided in this application for employment is true, correct and complete. False or misrepresented information of any kind will be sufficient cause for my application to be rejected or, if discovered after hire, cause for termination of employment. I authorize the employer to contact and obtain information about me from previous employers, educational institutions and "references" I provided, and any other party necessary to verify the accuracy of information disclosed in this application. I waive all rights and claims I may otherwise have against the employer or its representatives for seeking and using information to evaluation my employment request. This application is not an employment agreement. If I accept an offer of employment, I understand the employer may terminate my employment at any time, with or without cause and without prior notice unless required by law.

I fully understand and accept all terms and conditions in the above statement.

Signature

Date