

SHENANDOAH VALLEY COMMUNITY RESIDENCES, INC.

301 N. CAMERON STREET, SUITE 103

WINCHESTER VA 22601-6018

(540) 536-0336 / (540) 536-3207 Fax / info@svcr.org

Name: _____ Date: _____

Mailing Address: _____

Physical Address (if different) _____

Home Phone: _____ Cell Phone: _____ Email address: _____

Social Security no. _____ Are you at least 21 years of age? Y / N

Position Desired: _____

As a condition of employment, Shenandoah Valley Community Residences shall require any individual who accepts a position of employment to submit to fingerprinting and to provide personal descriptive information to be forwarded along with the applicant's fingerprints through the Central Criminal Records Exchange to the Federal Bureau of Investigation for the purpose of obtaining criminal history record information regarding such applicant. Also as a condition of employment, any individual who accepts a position of employment shall be required to provide personal descriptive information to be forwarded to the Department of Social Services for a search of the Child Abuse/Neglect Central Registry.

Employment will be contingent upon results of these investigations.

Have you been convicted of a crime which has not been expunged from your record, (include offenses for which you served probation, paid a fine, and/or served a jail sentence)? _____ If Yes, please explain: _____

Is your name on the Department of Social Services Central Registry with a founded disposition of child abuse/neglect? _____ If Yes, please explain: _____

Is your name on the HHS-OIG List of Excluded Individuals and Entities (LEIE)? _____

Previous Experience (attach another sheet if necessary)

1) Position _____ from _____ to _____
Employer _____ Address _____
Duties _____
Supervisor _____ Telephone no. _____
Reason for leaving _____

2) Position _____ from _____ to _____
Employer _____ Address _____
Duties _____
Supervisor _____ Telephone no. _____
Reason for leaving _____

3) Position _____ from _____ to _____
Employer _____ Address _____
Duties _____
Supervisor _____ Telephone no. _____
Reason for leaving _____

Current Employment - May We Contact Your Present Employer? Y / N

Position _____ from _____

Employer _____ Address _____

Duties _____

Supervisor _____ Telephone no. _____

Education

| | Number of Years attended | Degree |
|-------------------|--------------------------|--------|
| High School _____ | _____ | _____ |
| College _____ | _____ | _____ |
| Other _____ | _____ | _____ |

Please attach a current *Department of Motor Vehicles Transcript of Driver History Record* to this application. Upon hire, the cost associated with obtaining this record will be reimbursed.

Have you had a TB test? _____ If yes, date of last test: _____
Do you have current 1st Aid Certification? _____ Date of Expiration _____
Do you have current CPR certification? _____ Date of Expiration _____
Other certifications (please list): _____

List any special skills and/or qualifications: _____

Emergency Contact: _____
Relationship: _____ Telephone no. _____
When are you available to begin work? _____

References

- 1) Name _____ Telephone no. _____
Relationship: _____
- 2) Name _____ Telephone no. _____
Relationship: _____
- 3) Name _____ Telephone no. _____
Relationship: _____

I hereby certify that the information contained in this application is, to the best of my knowledge, accurate and true. I give permission to Shenandoah Valley Community Residences, Inc. to verify this information. I understand that Shenandoah Valley Community Residences is an "at will" employer.

Signature of Applicant

Date