

SHENANDOAH VALLEY COMMUNITY RESIDENCES, INC.

2270 VALOR DRIVE, SUITE 101

WINCHESTER VA 22601

(540) 767-6675 / (540) 767-6713 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, SVCR requires 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 FBI for the purpose of obtaining criminal history record information regarding such applicants and personal descriptive information to the Department of Social Services, for a search of the Child Abuse/Neglect Central Registry. Pre-employment drug screening is required. **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 _____

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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 DMV 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