# LIFESPIRE OF VIRGINIA

# **APPLICATION FOR EMPLOYMENT**

We welcome your interest in joining the staff at LIFESPIRE OF VIRGINIA. In order for you to be fully considered for a position with LIFESPIRE OF VIRGINIA, it is necessary that you satisfactorily complete this application.

#### PLEASE NOTE:

• **COMPLETE APPLICATION** – Applications that have not been fully completed and signed will not be accepted. If there is insufficient space on the application for you to provide a completed response, please use an extra sheet of paper and attach to the application.

• ACCURACY - If you wish to submit a resume, please attach it to the application. DO NOT REFER TO A RESUME IN RESPONSE TO ANY APPLICATION QUESTION. All questions must be answered on the application itself.

• **CRIMINAL BACKGROUND CHECKS** – Criminal background checks are a mandatory part of our hiring process. As part of your application for employment, you will be asked a question about convictions for crimes. If you answer this question 'yes', you will be asked to provide details. A 'yes' answer does not automatically disqualify you from employment. Failure to provide accurate information may affect your employment status.

• DRUG USE POLICY – LIFESPIRE OF VIRGINIA does not hire or knowingly employ persons who use illegal drugs. Persons employed by LIFESPIRE OF VIRGINIA may be subject to periodic tests for illegal drugs. By completing this application, you are agreeing that upon request, you will submit to drug testing and to have the specimens tested at a laboratory selected by LIFESPIRE OF VIRGINIA.

LIFESPIRE OF VIRGINIA does not discriminate in hiring or employment on the basis of race, color, sex, religion, disability, genetic information, national origin, or on the basis of age. No question on this application is intended to secure information to be used for such discrimination. Proof of identity and work authorization will be required upon employment in accordance with federal regulations. This Company intends to check and hold you responsible for the accuracy of the statements you make on this application. This application will receive consideration for the specified position for 30 days however will remain on file for 1 year.

#### **Personal Data**

N					
Name	(Last)	(First)	(MI)	(Alternate Last)	
Address					
	(City)	(State)	(Z	ip)	
Phone Nur	Phone Number Cell:				
Email Add	lress		Are you 1	8 years or older? Yes □ No	

#### **Position Information**

Position Desired	Salary desired				
Have you ever applied here before?	When?				
Have you ever worked for LIFESPIRE OF VIRGINIA? When?					
If yes, give the name(s) if different from the one given on this application					
Are you applying for $\Box$ Full time $\Box$ Part time $\Box$ PRN Date available for work					
Would you consider working any shift? Yes $\Box$ No $\Box$ Shift Preference $1^{st} \Box 2^{nd} \Box 3^{rd} \Box$					
Weekends? Yes 🗆 No 🗆 Holidays? Yes 🗆 No 🗆	Rotating Shifts or On-Call Shifts? Yes  No				

#### General

Are you legally authorized to work in the United States? Yes No					
(Proof of work authorization will be required upon employment)					
If the position you are applying for requires a driver's license, do you possess a valid driver's license?					
Yes State License No:	No				
Do you have relatives working for LIFESPIRE OF VIRGINIA? Yes No If yes, complete the following:					
Name Department	Relationship				

Have you been given a job description or had the essential functions of the job explained to you? Yes

No

Are you able to perform the essential functions with or without a reasonable accommodation? Yes

No

### Background

Have you ever been convicted of any crime?	Yes 🗆	No 🗆	If yes, please briefly describe the nature of the crime(s), the date and			
place of conviction and the legal disposition of the case.						

Are you currently out on bail or released on your own recognizance pending trial? Yes No

This company will not deny employment to any applicant solely because the person has been convicted of a crime. The company, may, however, consider the nature, date, and circumstances of the offense as well as whether the offense is relevant to the duties of the position applied for.

# **Other Qualifications**

Job-related training courses (give title and year). Job-related skills (other languages, computer software/hardware, tools, machinery, typing speed, etc. ) Job-related certificates and licenses (current only).

## **Work History**

Include all of your employment experience, listing the most recent position first. **Provide your complete employment history even if you attach a resume.** If you had more than one position with the same employer, list each position separately. If more space is needed, use the same format on another piece of paper. Please explain gaps of more than six months in employment on a separate piece of paper.

Company:	Immediate Supervisor:				
Address:(Street)		(City)	(ZIP)		
	Dates: From		Type of Business:		
Your Title:		_Starting Salary:	Ending Salary:		
Major Responsibilities:					
Reason for leaving:		If this is your curre	ent employer, may we contact them? Yes $\Box$ No $\Box$		
			pervisor:		
Address:(Street)		(City)	(ZIP)		
Phone:	_ Dates: From _	То	Type of Business:		
Your Title		Starting Salary:	Ending Salary:		
		_ Starting Satary	Ending Salary		
			Liking Salary		

Company:	mpany: Immediate Supervisor:					
Address:	(City)	(710)				
(Street) Dates	From To	(ZIP) Type of Busines	s:			
Your Title:	Starting Salary:	Ending Salar	y:			
Major Responsibilities:						
Reason for leaving:						
Company:	Immed	iate Supervisor:				
Address:						
(Street) Dates:	(City)	(ZIP) Type of Busines				
Your Title: Dates						
			y			
Major Responsibilities:						
Reason for leaving:						
Education						
Mark highest level completed	ciate 🗆 Bachelor 🗆 Maste	er Doctorate/PhD				
Last High School or GED school. Give the s	chool's name, city, State, ZIP	code (if known).				
School	City	State ZIP				
Colleges and universities atten	ded. (Do not attach a c	opy of your transcript unl	less requested.)			
Name	Address (City & Sta	te) Major(s)	Degree Obtained			
Professional Licenses/Certifica	ations					
Туре	State Issued Date Issued	Expires Number				
Туре	State Issued Date Issued	Expires Number				

<b>References – Please list professional</b> references (not relatives) who have known you for at least two years.				
1. Name of Reference:	Phone #:			
Email Address:	Relationship:			
2. Name of Reference:	Phone #:			
Email Address:	Relationship:			
3. Name of Reference:	Phone #:			
Email Address:	Relationship:			

To complete the application process your signature, along with the date of the application, is required on the Affidavit and Sworn Disclosure form on the following pages. Because of the personal, sensitive information required to successfully complete pre-employment inquiries, the Affidavit is separated from the Application before it is forwarded to the Directors and/or Manager for consideration.

Once you complete the Application, Affidavit, and Sworn Disclosure Statement, please save the files to you computer. Then attach the completed forms to an email and send them directly to cbrcjobs@theculpeper.org.

Thank you for your interest!