

**Aslan Castle ELC – Employment Application**

Last Name Middle Initial First Name	Social Security No.		
Present Address Apt No.	City	State	Zip code
Permanent Address Apt No.	City	State	Zip code
Previous address if less than 3 years			
Phone #	Cell Phone #	Are you 18 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you legally authorized to work in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Emergency Contact Name</b>	<b>Emergency Contact Address</b>		<b>Emergency Contact Phone Number</b>

**DESIRED EMPLOYMENT**

Position	Date you can start?	Salary desired
Are you employed now <input type="checkbox"/> Yes <input type="checkbox"/> No	If so may we inquire of your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____ .00
Ever applied to this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where?	When?
Ever worked for this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where?	When?
Reason for leaving		
Name of Last supervisor at this company?		
How did you find out about this position? <input type="checkbox"/> Employment agency <input type="checkbox"/> Newspaper advertising <input type="checkbox"/> Friend <input type="checkbox"/> Online Ad <input type="checkbox"/> State employment office <input type="checkbox"/> College Placement services <input type="checkbox"/> Walk in <input type="checkbox"/> Other		

**EDUCATION**

High School				
College				
Trade, business or Correspondence School				

**GENERAL**

Subjects of special study or research work
Special training, certifications, licenses
Special skills, foreign languages, etc...

**SERVICE RECORD**

Have you ever served in the U.S. Armed Forces? Yes No	Branch of Services
Discharge Date	Rank
Have you ever been convicted of, plead guilty/no contest to, or had a suspended imposition of sentence for any offense (other than a minor traffic violation)? Yes No	

**Director Only****Staff Up Date:**

1. Name _____	Date: _____
2. Name _____	Date: _____
3. Name _____	Date: _____
4. Name _____	Date: _____

**Director's Notes:**

**Former Employers**

List below last two employers, starting with the most recent.

<b>Name of present Or last employer</b>			
Address	City	State	Zip
Starting Date	Leaving Date	Job title	
Weekly starting salary	Weekly final salary	May we contact your supervisor? Yes No	
Name of Supervisor	Title	Phone	
Description of work			
Reason for leaving			
<b>Name of present Or last employer</b>			Phone #
Address	City	State	Zip
Starting Date	Leaving Date	Job title	
Weekly starting salary	Weekly final salary	May we contact your supervisor Yes No	
Name of Supervisor	Title	Phone	
Description of work			
Reason for leaving			

The additional information that may be necessary to complete an applicant's record can be obtained after hiring, during a Post Hiring Interview.  
We do not discriminate based on race, creed, religion or national origin. We are an equal opportunity employer.

**Administration Use Only**

**Interview by** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Comments:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Interview by** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Comments:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Hire Date** \_\_\_\_\_ **For Position** \_\_\_\_\_ **Salary wages** \_\_\_\_\_ **Will report to** \_\_\_\_\_

<b>Approved</b> 1	Employment manager	Date
<b>Approved</b> 2	Department manager	Date

**SWORN DISCLOSURE STATEMENT**

SECTIONS 63.1-198 and 63.1-198.1 of the Code of Virginia require the following individuals to provide the licensing approving or hiring authority, facility or agency a sworn disclosure statement; all applicants for licensure or registration; their agents and board members who are involved in the day-to-day operations of a child welfare agency or who are alone with, in control of, or supervising one or more children; any other adult living in the home of an applicant for licensure or registration as a family day home; each applicant for employment or volunteer service in a child welfare agency; all individuals approved by a private child-placing agency as foster or adoptive parents; all family day home providers approved by a family day system. The sworn disclosure statement must be submitted prior to licensure, registration, employment or approval.

Licensure, registration, employment or approval is prohibited if a person has been convicted of any of the offenses specified on the reverse side or has been the subject of a founded complaint of child abuse or neglect.

Convictions include adult convictions and juvenile convictions and adjudications of delinquency based on an offense that would have been at the time of conviction a felony conviction if committed by an adult within or outside the Commonwealth.

Any person making a materially false statement regarding any such offense shall be guilty of a Class 1 Misdemeanor.

Applicants for licensure or registration must make this statement available to the Department of Social Services representative.

This statement must be provided to and maintained at the child welfare agency for all applicants for employment or volunteer service all applicants for approval as a foster home or adoptive home, and all applicants for approval as a family day home by a family day system. Note: If a person is not employed, does not volunteer, or is not approved, the agency does not need to maintain this statement.

Further dissemination of the information provided 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.

**PLEASE PRINT**

Last Name	First	Middle	Maiden	Social Security Number	
Current Mailing Address		Street, P.O. Box #, Apt #	City	State	Zip Code
Name of Licensed/Registered Facility Provider		Street, P.O. Box #, Apt #	City	State	Zip Code

1. Have you ever been convicted of or are you the subject of pending charges for any of the following offenses: murder; malicious wounding by mob; abduction; abduction for immoral purposes; assault and bodily wounding; robbery; car jacking; extortion by threat; any felony stalking violation; sexual assault; arson; burglary; and felony violation relating to possession or distribution of drugs; drive by shooting; use of a machine gun in a crime of violence; aggressive use of a machine gun; use of a 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, including failing to secure medical attention for an injured child; obscenity offenses; possession of a child pornography; electronic facilitation of pornography; abuse and neglect of incapacitated adults; employing or permitting a minor to assist in an act constituting an obscenity or related offense; delivery of drugs to prisoners; escape from jail; felonies by prisoners; with the Commonwealth or any equivalent offense outside the Commonwealth?

YES (Convicted)     YES (Pending)     NO

If yes, specify crime(s): \_\_\_\_\_

2. Have you been convicted of or are you the subject of pending charges for any other felony in the five years prior to the application date for licensure, registration, employment, or approval?

YES (Convicted)     YES (Pending)     NO

If yes, specify crime(s): \_\_\_\_\_

3. Have you ever been the subject of a founded complaint of child abuse or neglect within or outside the Commonwealth?

YES     NO

4. Have you ever been the subject of a founded complaint of child abuse or neglect outside the Commonwealth of Virginia?

YES     NO

**I hereby affirm that the information provided on this form is true and complete. I understand that the information is subject to verification and that making a materially false statement or affirmation is a Class I misdemeanor.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form.

**ANTI-DISCRIMINATION NOTICE:** it is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which documents (s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Verification.** To be completed and signed by employee at the time employment begins.

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street name and Number)		Apt. #	Date of Birth (Month/day/year)
City	State	Zip Code	Social Security Number (#) - -

I am aware that federal law provides for imprisonment And/or fines for false statements or use of false documents in connection with the completion of this form.  
 I attest, under penalty of perjury, that I am (check one of the following):  
 A citizen or national of the United States  
 A Lawful Permanent Resident (Alien #) A \_\_\_\_\_  
 An alien authorized to work until \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (Alien # or Admission #)

**Employee's Signature**

**Date (month/day/year)**

**Preparer and/or Translator Certification.** (to be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's /Translator's Signature	Print Name
Address (street name and number, city, state, zip code)	Date (month/day/year)

**Section 2. Employer Review and Verification.** To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

**LIST A                      OR                      LIST B                      AND                      LIST C**

Document title: \_\_\_\_\_

Issuing authority: \_\_\_\_\_

Document #: \_\_\_\_\_

Expiration Date (if any): \_\_\_\_/\_\_\_\_/\_\_\_\_                      \_\_\_\_/\_\_\_\_/\_\_\_\_                      \_\_\_\_/\_\_\_\_/\_\_\_\_

Document # \_\_\_\_\_                      Expiration Date (if any): \_\_\_\_/\_\_\_\_/\_\_\_\_

**CERTIFICATION** - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (Month/day/year) \_\_\_\_/\_\_\_\_/\_\_\_\_ and that to the best of my knowledge the employee is eligible to work in the United States. (state employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name & Address street	City, State, & Zip code	Date (month/day/year) if applicable

**Section 3. Updating and Re-verification. To be completed and signed by employer.**

A. New Name (if applicable)	B. Date of rehire (month/day/year) if applicable
C. if employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.	Document Title: _____ Document #: _____ Expiration date (if any) _____/____/____

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date (month/day/year)
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## Aslan Castle Early Learning Center Reference Check

Please provide the name and telephone number of three character references

Reference Name	Reference Phone	Date Contacted	Response

Name of Staff Member \_\_\_\_\_

Staff Member Signature: \_\_\_\_\_

### FOR ADMINISTRATIVE USE ONLY

*Recommendations or Remarks from Interviews*

Name	Remarks	Hire	Keep on File
		Yes   No	
		Yes   No	
		Yes   No	

Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

