

CRCR

Center for Restorative Care & Rehabilitation

Employment Application

The questions on this form are being asked to properly evaluate your ability and chance for success in the positions for which you are applying. Every effort has been made to comply with both federal laws and the laws of Virginia. It is not our intent to discriminate in employment on account of color, race, sex, religion, age, national origin or disability.

Please answer all questions and write clearly.

Application Date

NAME & ADDRESS	(Last Name)	(First Name)	(Middle Name)	Soc. Sec. #		
	Current Address (Number & Street)			Home Phone		
	City, State & Zip		E-mail address		Daytime Phone	
Position Desired (First Choice)		Experience? Yes ___ No ___	Position Desired (Second Choice)		Experience Yes ___ No ___	
Have you worked for CRCR before? Yes ___ No ___	When did you leave? _____		If you had a different last name, please indicate: _____	Will you accept work that is: ___ Full time? ___ Part time?		
Will you accept temporary work? Yes ___ No ___	When are you available to start work? _____		Shift or hours you can work. 1st ___ 2nd ___ 3rd ___	Will you work on weekends? Yes ___ No ___		
Typing speed WPM _____		Are you at least 16 years of age? Yes ___ No ___				
Statement of Health		Citizenship		Referral Source		
Are you willing to take a physical examination at our expense? Yes ___ No ___		Do you have the legal right to live and work in the U.S.? Yes ___ No ___		Advertisement: _____ Newspaper: _____ Journal: _____ Website: _____		
Do any members of your immediate family work for CRCR? Yes ___ No ___		After employment will you submit proof of U.S citizenship as required by the immigration reform and control act of 1986? Yes ___ No ___		Recruitment Event: _____ Placement/Recruitment Agency: _____ Walk-in: _____ Employee Referral: _____ Name of Employee _____ Other: _____		
If Yes, in which department?						
PERSONAL	Have you, since the age of 18, been convicted of a felony? Yes ___ No ___		If Yes, explain — give dates.		Note: A conviction will not necessarily bar you from employment. Each conviction will be judged on its own merits with respect to time, circumstances and seriousness.	
	Have you ever been discharged (fired) from a job? Yes ___ No ___		If Yes, explain — give dates.			
	IMPORTANT: Give name and address of person to notify in case of emergency.					
	Name		Phone number	Number & Street		
				City, State & Zip		
EDUCATION	Complete Addresses Of Schools			Academic Major	Number Of Years Attended	Graduate (Yes Or No)
	Last Elementary School					
	Last High School					
	College					
	Technical Or Vocational School					
	Other details of experience or training, or graduate programs which have a direct bearing on the job which you are seeking.			School	Course	Diploma Or Certificate?

Work Experience:

Give a complete record of all employment and reasons for periods unemployed during past 15 years. Please start with most recent employment.

Last Employment First				Place of employment, complete address, telephone numbers	Indicate Base Salary & Shift Differential Separately		Reason For Leaving
From		To			Salary	Shift Diff.	
Mo.	Yr.	Mo.	Yr.	Current Employer	Salary	Shift Diff.	
Full Time or Part Time				No. & Street	Position		
				City, State & Zip	Phone	Supervisor	
Mo.	Yr.	Mo.	Yr.	Current Employer	Salary	Shift Diff.	
Full Time or Part Time				No. & Street	Position		
				City, State & Zip	Phone	Supervisor	
Mo.	Yr.	Mo.	Yr.	Current Employer	Salary	Shift Diff.	
Full Time or Part Time				No. & Street	Position		
				City, State & Zip	Phone	Supervisor	
Mo.	Yr.	Mo.	Yr.	Current Employer	Salary	Shift Diff.	
Full Time or Part Time				No. & Street	Position		
				City, State & Zip	Phone	Supervisor	
Mo.	Yr.	Mo.	Yr.	Current Employer	Salary	Shift Diff.	
Full Time or Part Time				No. & Street	Position		
				City, State & Zip	Phone	Supervisor	

Professional licenses, registrations, and/or certifications

Verif. (Office use only)

Type	State Issued	Date	No.	
Type	State Issued	Date	No.	

May we contact your current employer for a reference?
Yes ___ No ___

I certify that the answers given by me on this application are true. I agree that CRCR shall not be liable in any respect if my employment is terminated because of omissions or falsified statements made by me in this application. I authorize the current and previous employers named above to give any information regarding my employment, together with any other information they may have regarding me whether or not it is in their records. I hereby release said hospitals, companies, schools or persons from all liability for any damage for issuing this information. I also understand CRCR may condition a job offer on the satisfactory result of a drug screen and a post-offer medical examination or medical inquiry. In addition, if accepted for employment, I hereby agree to abide by the rules and policies of CRCR. I acknowledge that my employment is at will and therefore, can be terminated with or without cause at the option of either me or CRCR.

Signed _____ Date _____

Below space for personnel department use only.

After Hire Only:
DOB _____
RC _____