



Employment Application

Applicant Information

Full Name: Last First M.I. Date:

Address: Street Address Apartment/Unit #

City State ZIP Code

Phone: ( ) E-mail Address:

Date Available: Social Security No.: Desired Salary: \$

Position Applied for: Shift preferred: Days 7-3 Evenings 3-11 Night 11-7

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If so, when?

Have you ever been convicted of a felony? YES NO

If yes, explain:

Education

High School: Address:

From: To: Did you graduate? YES NO Degree:

College: Address:

From: To: Did you graduate? YES NO Degree:

Other: Address:

From: To: Did you graduate? YES NO Degree:

References

Please list three professional references.

Full Name: Relationship:

Company: Phone: ( )

Address:

Full Name: Relationship:

Company: Phone: ( )

Address:

Full Name: Relationship:

Company: Phone: ( )

Address:

**Previous Employment**

Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

**Military Service**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

**Disclaimer and Signature**

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**VIRGINIA DEPARTMENT OF SOCIAL SERVICES REGULATION FOR  
CRIMINAL RECORD CHECKS FOR ASSISTED LIVING FACILITIES AND  
ADULT DAY CARE CENTERS  
22 VAC 40-90-10 et seq**

**PART I  
INTRODUCTION**

**22 VAC 40-90-10 Definitions.**

The following words and terms when used in conjunction with this chapter shall have the following meanings:

“Barrier Crimes” means certain crimes that automatically bar individuals convicted of same from employment at a licensed assisted living facility or adult day care center. These crimes, as specified by \* 63.2-1719 of the Code of Virginia, are murder or manslaughter as set out in Article 1 (\*18.2-30 et seq.) of Chapter 4 of Title 18.2; malicious wounding by mob as set out in \*18.2-41; abduction as set out in subsection A of \*18.2-47; abduction for immoral purposes as set out in \* 18.2-48; assaults and bodily woundings as set out in Article 4 (\* 18.2-51 et seq.) of Chapter 4 of Title 18.2; robbery as set out in \*18.2-58; carjacking as set out in \* 18.2-58.1; extortion by threat as set out in \* 18.2-59; felony stalking as set out in 18.2-60.3; sexual assault as set out in Article 7 (\* 18.2-61 et seq.) of Chapter 4 Title 18.2; arson as set out in Article 1 (\* 18.2-77 et seq.) of Chapter 5 of Title 18.2; drive-by shooting as set out in \* 18.2-286.1; use of a machine gun in a crime of violence as set out in \* 18.2-289; aggressive use of a machine gun as set out in \* 18.2-290; use of a sawedoff shot gun in a crime of violence as set out in subsection A of \* 18.2-300; pandering as set out in \* 18.2-355; crimes against nature involving children as set out in \*18.2-361; incest as set out in \* 18.2-366; taking indecent liberties with children as set out in \* 18.2-370 or \* 18.2-370.1; abuse and neglect of children as set out in \*18.2-371.1; failure to secure medical attention for an injured child as set out in \*18.2-314; obscenity offenses as set out in \* 18.2-374.1; possession of child pornography as set out in \* 18.2-374.1:1; electronic facilitation of pornography as set out in \* 18.2-374.3; abuse and neglect of incapacitated adults as set out in 18.2-369; employing or permitting a minor to assist in an act constituting an offense under Article 5 (\* 18.2-372 et seq.) of Chapter 8 of Title 18.2 as set out in 18.2-379; delivery of drugs to prisoners as set out in \*18.2-474.1; escape from jail as set out in \*18.2-477; felonies by prisoners as set out in \*53.1-203; or an equivalent offense in another state. Applicants convicted of one misdemeanor barrier crime not involving abuse or neglect or moral turpitude may be hired provided five years has elapsed since the conviction.

“Central Criminal Records Exchange” means the information system containing conviction data of those crimes committed in Virginia, maintained by the Department of State Police, through which the criminal history record request form is processed.

“Criminal history record request” means the Department of State Police form used to authorize the State Police to generate a criminal record report on an individual.

**ADULT FACILITES MODEL FORM  
DEPARTMENT OF SOCIAL SERVICES DIVISION OF LICENSING PROGRAMS  
SWORN DISCLOSURE STATEMENT**

**To the Applicant:**

Section 63.2-1720 of the Code of Virginia requires that any person desiring to work at a licensed assisted living facility or licensed adult day care center provide the hiring facility or center with a sworn disclosure statement or affirmation disclosing any criminal convictions or pending criminal charges, whether within or outside the Commonwealth of Virginia.

The law prohibits licensed assisted living facilities and licensed adult day care center from hiring any individuals convicted of the following: murder or manslaughter, malicious wounding by the mob, abduction, abduction for immoral purposes, assaults and bodily woundings, robbery carjacking, threats of death or bodily injury, felony stalking, sexual assault, arson, drive by shooting, use of a machine gun in a crime of violence, aggressive use of 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, failure to secure medical attention for an injured child, obscenity offenses, possession of child pornography, electronic facilitation of pornography, abuse and neglect or 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; or an equivalent offense in another state. However, applicants convicted of one misdemeanor crime not involving abuse or neglect or moral turpitude may be hired provided five years elapsed since the conviction.

Any person making a false statement on this form regarding any criminal offense shall be guilty of Class 1 misdemeanor.

Further dissemination of the information provided on this form 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.

1. \_\_\_\_\_  
Last Name First Middle Maiden Social Security Number

\_\_\_\_\_  
Street/P.O. Box City State Zip Code

2. Have you ever been convicted of a law violation(s) but excluding offenses committed before your eighteenth birthday that were finally adjudicated in a juvenile court under a youth offender law? \_\_\_\_\_yes \_\_\_\_\_no

If yes explain:\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3. Are you the subject of any pending criminal charges? \_\_\_yes \_\_\_no

If yes explain:\_\_\_\_\_

\_\_\_\_\_  
4. I hereby affirm that the information provided on this form is true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part to any employment offered by this facility. I understand that all information on this form is subject to verification.

Applicants Signature \_\_\_\_\_ Date: \_\_\_\_\_