

APPLICATION FOR EMPLOYMENT

All statements made by applicants for employment on this application form will be carefully checked for accuracy. We offer equal employment to all persons without regard to race, religion, age, sex, national origin, or handicap. The use of this form does not mean there are positions open and does not obligate us in any way. This application will remain on active file for one year from date of application. Westminster Canterbury is an equal opportunity employer and a great place to work.

Westminster Canterbury

Lynchburg



Life Refreshed.

Name

Date

Position Applied For

501 V.E.S. Road
Lynchburg, VA 24503
(434) 386-3400
Fax (434) 386-3403
www.wclynchburg.org

**THIS APPLICATION WILL
NOT BE CONSIDERED
UNLESS FULLY COMPLETED**

DATE _____
 POSITION APPLIED FOR _____
 PART TIME _____
 FULL TIME _____
 SHIFT _____
 SALARY EXPECTED _____

PERSONAL INFORMATION

NAME _____
LAST FIRST MIDDLE NAME IF CHANGED FROM PREVIOUS EMPLOYMENT

CURRENT ADDRESS _____
STREET APT. NUMBER

CITY STATE ZIP CODE

SOCIAL SECURITY NUMBER _____ TELEPHONE NUMBER () _____

IN CASE OF EMERGENCY NOTIFY _____ TELEPHONE NUMBER () _____

U.S. CITIZEN: YES NO ALIEN REGISTRATION NUMBER _____

I understand that an offer of employment and my continued employment at **Westminster Canterbury** are contingent upon satisfactory proof of my authorization to work in the United States.

Please Initial

Have you ever been convicted of a law violation? YES NO
 If yes, please give a brief description of the circumstances of your conviction indicating date, nature and place.

Have you ever been employed here? YES NO If yes, give dates _____
 Are you at least 16 years of age? YES NO

EDUCATION

NAME/ADDRESS OF HIGH SCHOOL	HIGHEST GRADE COMPLETED
NAME/ADDRESS OF COLLEGE	MAJOR: YEARS COMPLETED: DEGREE:
OTHER	

If you did not complete high school, do you have a high school equivalency diploma? YES NO

U.S. MILITARY SERVICE

BRANCH	DATE OF INDUCTION	MILITARY SPECIALIZATION AND DUTIES	DATE OF DISCHARGE

Are you a United States Veteran? YES NO

EMPLOYMENT EXPERIENCE

COMPANY NAME & ADDRESS	RATE OF PAY	REASON FOR LEAVING	POSITION & NATURE OF DUTIES
	DATES	SUPERVISOR	
TELEPHONE ()	From		
	To		

COMPANY NAME & ADDRESS	RATE OF PAY	REASON FOR LEAVING	POSITION & NATURE OF DUTIES
	DATES	SUPERVISOR	
TELEPHONE ()	From		
	To		

COMPANY NAME & ADDRESS	RATE OF PAY	REASON FOR LEAVING	POSITION & NATURE OF DUTIES
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TELEPHONE ()	From		
	To		

COMPANY NAME & ADDRESS	RATE OF PAY	REASON FOR LEAVING	POSITION & NATURE OF DUTIES
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TELEPHONE ()	From		
	To		

COMPANY NAME & ADDRESS	RATE OF PAY	REASON FOR LEAVING	POSITION & NATURE OF DUTIES
	DATES	SUPERVISOR	
TELEPHONE ()	From		
	To		

REFERENCES List THREE (3) persons to whom you are not related. These people should have known you for several years.

NAME	ADDRESS	TELEPHONE	OCCUPATION
		()	
		()	
		()	

How did you find out about this position? _____

ADDITIONAL INFORMATION Please include any other information you think would be helpful to us in considering you for employment, such as additional work experience, activities, accomplishment, etc.

JOB APPLICANT'S AGREEMENT AND CERTIFICATION

I certify that the information given by me in this application is true in all respects, and I agree that if employed and it is found to be false in any way, that I may be subject to dismissal without notice, if and when discovered. I authorize the use of any information in this application to verify my statements, and I authorize the past employers, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages on account of having furnished such information.

I further agree, if employed, that I am to work faithfully and diligently. I understand that I am free to resign at any time and that the employer is likewise free to terminate my employment at any time with or without cause and without prior notification.

Upon a bona fide offer of employment, I agree to have Westminster Canterbury perform a criminal background check to determine that I meet the regulated standards for employment. I further agree to submit to a drug screening, a tuberculin skin test or x-ray, and/or other required components of a physical examination that may be deemed necessary

I agree to observe all present and subsequently issued personnel policies and rules. These policies and rules are intended to guide the organization in its relationship with its employees and are not conditions of employment. I understand that the employer may revise policies or procedures, in whole or in part, at any time, with or without notice. I understand that nothing in this application or the interview process is to be considered as a contract of employment on any specific items or for any specific duration.

Signature of Applicant

Date





Subject: Pre-Employment Requirements

Dear Applicant:

Thank you for submitting your application/resume to Westminster Canterbury. We appreciate your interest in our organization. Listed below is basic information regarding pre-employment requirements.

As a healthcare facility, we are required to abide by the Commonwealth of Virginia's regulations governing healthcare facilities. Applicants must pass both a criminal background investigation and a drug screening, and pass a two-step tuberculin skin test or x-ray.

DIRECTIONS TO THE APPLICANT

- Complete and sign the applicant waiver portion at the top of each form and forward the Applicant Waiver/Employment Reference forms to three references for them to complete and sign. (All references will be verified.)
- Two reference forms must be completed by a current or past employer, manager, supervisor or a Human Resources Department representative. One reference form may be completed by a personal reference, excluding a family member. Your references should have knowledge of your experience, personal character, background and qualifications to fill the position for which you are applying. Your application will not be considered until our office receives at least two of the completed reference forms.
- Other documents may be required in order to complete the application process, including copies of professional licenses or certifications. If you have copies of these documents, please attach them to your application.

If an official offer of employment is to be made, it will be in the form of an employment offer letter from the Director of Human Resources.

Sincerely,

Denis F. Deane
Vice President, Human Resources



APPLICANT'S WAIVER

I hereby grant approval for you to release information to Westminster Canterbury of Lynchburg, Inc. regarding my personal character, habits, background, experience, and employment records for the position I have applied. I also release you and Westminster Canterbury from any liability or damages, which may result in connection from the release of such information.

Printed Name of Applicant: _____

Signature of Applicant: _____ Date: _____

Position Applicant is Seeking: _____

As requested by the applicant, whose signature appears above, please respond to the following questions. Upon completion, the form should be returned to the Human Resources Department at your earliest convenience. Your assistance is greatly appreciated.

Sincerely,

Denis F. Deane
Vice President, Human Resources

EMPLOYMENT REFERENCE

- Company Name and Address: _____
- Dates of Employment: _____ to _____ Last Salary: \$ _____
- Positions Held: _____
- Reason for Leaving: _____
- Is applicant eligible for rehire: _____

- If you were filling a position similar to the one for which this applicant is applying, would you consider him/her a: Strong Candidate Average Candidate Weak Candidate
- Do you know of any reason why this applicant should not be considered for employment, especially given the responsibilities and duties of those who care for the elderly in a lifecare retirement community setting?

- Please rate this applicant on the following characteristics:

Category	Above Average	Average	Below Average	Cannot Rate
Reliability/Dependability				
Judgment				
Responsibility				
Trustworthiness				
Maturity				
Self Motivation				
Relationship With Others				

- Your general overall rating regarding this individual's suitability for the position applied?
 Superior Very Good Satisfactory Poor Uncertain

COMMENTS: _____

Name (printed): _____

Signature: _____

Title: _____

Phone Number: (____) _____

**UPON COMPLETION PLEASE RETURN THIS FORM TO
 WESTMINSTER CANTERBURY
 ATTN: HUMAN RESOURCES
 501 V.E.S. ROAD
 LYNCHBURG, VA 24503
 (434) 386-3400 FAX (434) 386-3403
 www.wclynchburg.org**