

Employment Application

Thriving Well at Home

16575 Suite 202 Moneta Road, Moneta VA 24121

Phone: (540) 613-1566

Email: info@thrivingwellathome.com

Website: www.thrivingwellathome.com

Applicant Information

Full Name:

Date:

Address:

City:

State:

ZIP Code:

Phone Number:

Email Address:

Date Available:

Social Security Number (Last 4 digits):

Position Applied For:

Desired Salary:

Are you legally eligible to work in the United States?:

Have you ever worked for this company?:

If yes, when?:

Have you ever been convicted of a felony?:

If yes, explain:

Education

High School:

Address:

From:

To:

Did you graduate?:

Degree:

College/University:

Address:

From:

To:

Did you graduate?

Degree:

References

Please list three professional references.

Reference 1:

Full Name:

Relationship:

Company:

Phone:

Address:

Reference 2:

Full Name:

Relationship:

Company:

Phone:

Address:

Reference 3:

Full Name:

Relationship:

Company:

Phone:

Address:

Previous Employment

Please list your last three employers.

Company 1:

Phone:

Address:

Supervisor:

Job Title:

Responsibilities:

From:

To:

Reason for Leaving:

May we contact your previous supervisor for a reference?

Company 2:

Phone:

Address:

Supervisor:

Job Title:

Responsibilities:

From:

To:
Reason for Leaving:
May we contact your previous supervisor for a reference?

Company 3:
Phone:
Address:
Supervisor:
Job Title:
Responsibilities:

From:
To:
Reason for Leaving:
May we contact your previous supervisor for a reference?

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: _____

SWORN DISCLOSURE STATEMENT -Thriving Well at Home

I, _____, understand Section 32.1-162.9:1 of the Code of Virginia requires that any applicant for employment with a licensed home care organization provide the Commissioner's representative with a sworn statement or affirmation disclosing (1) whether the applicant has a criminal conviction or is the subject of any pending criminal charges within or outside The Commonwealth of Virginia, and (2) whether the applicant has been the subject of a founded complaint of child abuse or neglect within or outside the Commonwealth of Virginia. Such conviction may be relevant if job related but does not bar you from employment. 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. This is also

required by Virginia code 12VAC5-381-110

<https://law.lis.virginia.gov/admincode/title12/agency5/chapter381/section110/>

Full Name: _____ Date of Birth: _____ Social Security Number (Last Four Digits): _____

Address _____

1. Have you had any criminal convictions or any pending criminal charges, whether within or outside the Commonwealth of Virginia? ___Yes ___ No

If yes, please explain in detail

2. Have you ever been excluded from participating in any federally funded healthcare program?

___Yes ___ No

If yes, please explain in detail

3. Have you ever been the subject of a found complaint of child or elder abuse or neglect with in or outside of the Commonwealth of Virginia? ___ Yes ___ No

If yes, please explain in detail

I understand that failure to disclose accurate and complete information may result in disqualification from employment or association with the home care organization. I further understand that any false statements made herein may be punishable under applicable state and federal laws. Any person making a materially false statement when providing such sworn statement or affirmation regarding any such offense is guilty upon conviction of a Class 1 misdemeanor

By signing below, I swear or affirm that the information provided in this disclosure statement is true and correct. I give permission to Thriving Well at Home to obtain a criminal record report from the Virginia Department of State Police.

Printed Name: _____

Signature: _____

Date: _____

Sworn statement received by office:

Signature _____ Date _____