



Application for Employment

Referred by: _____

Name: _____ SSN: _____

Address: _____
City State Zip Code

Home #: () _____ Cell #: () _____ Email: _____

Position: _____ Date Available: ____/____/____

Status Desired: Full-Time Part-Time Relief Any Available

Region desired: Manassas Gainesville Loudoun Fairfax Winchester Woodbridge
 Leesburg Fredericksburg Warrenton Nokesville Front Royal Mechanicsville

Have you ever applied for a position with EAG before? Yes No

For vehicle insurance purposes: Are you 21 years old or older? Yes No

| Educational Background: | Name/Location | Did you graduate? | Degree? |
|-------------------------|---------------|------------------------------|--|
| High School | | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes GED <input type="checkbox"/> Yes |
| | | <input type="checkbox"/> No | <input type="checkbox"/> No <input type="checkbox"/> No |
| College | | <input type="checkbox"/> Yes | <input type="checkbox"/> Associate Other Degree: |
| | | <input type="checkbox"/> No | <input type="checkbox"/> Bachelor _____ |

Employment History:

| Employment Begin with the most recent | Dates of Employment/ Salary & Reason for Leaving | Your Job Title/ Supervisor's Name | Brief Description of Duties |
|---------------------------------------|--|-----------------------------------|-----------------------------|
| | | Your Title: | |
| | | Supervisor: | |
| | | | |



| | | | |
|--------|--|-------------|--|
| Phone: | | | |
| | | Your Title: | |
| | | | |
| | | Supervisor: | |
| Phone: | | | |
| | | Your Title: | |
| | | | |
| | | Supervisor: | |
| Phone: | | | |
| | | Your Title: | |
| | | | |
| | | Supervisor: | |
| Phone: | | | |

These positions will require tasks such as lifting, running, kneeling or performing CPR during emergencies, as well as having the ability to complete all required documentation according to standards and to pass all required tests; all areas that are considered “essential job functions”. You may also be required to use authorized physical intervention techniques during episodes of aggressive client behavior. Do you have any limitations that may affect your ability to perform these tasks? Yes No (If yes, please explain.)

Have you ever been convicted of any crime other than a traffic violation? Yes No (If yes, please explain.)
 Include offense, note if a misdemeanor or felony and date of conviction.

This position will require that we are able to contact you in the event of emergency or shift change. Do you have a current, active telephone number? _____

If I am hired at EAG in a direct care role:

- I understand that the needs of the individual we support and programs come first; therefore I may be assigned a different shift or location to meet those needs.
- I will provide the information and release required to complete CPS/APS and criminal history checks.
- I will submit verification of vehicle insurance coverage within the first thirty days of employment.
- I will obtain and submit the results of tuberculosis (TB) test within the first thirty days of my employment.
- I understand that I will be required to have a vehicle available to use on a regular basis, during all shifts worked.



- I understand that during the course of my employment I must meet all of the standards of HHS-OIG as a non-excluded provider.
- I understand that I must complete/pass all required training and maintain current certifications in CPR/First Aid.
- I understand and agree that my employment is for no specific period of time, and that I may be terminated without any previous notice.

I understand and agree that the information contained in this application may be verified and that falsification of any information is cause for dismissal.

Signature: _____

Date: _____



Employment Advocates Group – Personnel References

Please provide 5-6 Professional References*:

- Name/Phone Number: _____
- Name/Phone Number: _____
- Name/Phone Number: _____
- Name/Phone Number: _____
- Name/Phone Number: _____
- Name/Phone Number: _____

*Please notify all references that Employment Advocates Group may contact them for a reference check



Background and Reference Check Release Form

I, _____, hereby authorize **EAG** and its agents to make investigations and inquires into my employment and educational history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, and other persons from all liability in responding to inquires connected with my application and I specifically authorize the release of information by any schools, businesses, individuals, services or other entities provided on my employment application. Furthermore, I authorize the company and its agents to release any reference information to prospective employers who request such information for purposes of evaluating my credentials and qualifications.

I also authorize EAG to request, review, and obtain driving and vehicle information through Virginia's Department of Motor Vehicles at time employment is offered and ongoing thereafter.

I acknowledge that I have read this authorization and release, fully understand it, and voluntarily agree to its provisions.

| | |
|---------------------------|---------------------------|
| <input type="text"/> | <input type="text"/> |
| <i>Employee signature</i> | <i>Date</i> |
| <input type="text"/> | <input type="text"/> |
| <i>Printed Name</i> | <i>Driver's License #</i> |