**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 □Northwestern □Woodbridge

# 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** |  | * Yes
* No
 | * Yes GED **□** Yes
* No **□** No
 |
|  |
|  **College** |  | * Yes
* No
 | * Associate Other Degree:
* 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.

These 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:**