



120 Dogwood Lane  
Orange, Virginia 22960  
540-672-2611 Fax 540-672-3187  
dogwoodvillageocva.org

# Employment Application

“Tradition of Excellence”

**An Equal Opportunity Employer**

**Drug-Free Workplace**

In order to receive full consideration for employment opportunities at Dogwood Village of Orange County, please be certain to complete all sections of the application form. Incomplete applications may not be considered for employment. Applications will be considered active for 90 days after receipt. If you wish to continue to be considered after that time, a new application is required.

*Health & Rehabilitation*

*Senior Living*

*Outpatient Rehabilitation Clinic*

# General Information

Name	Last	First	MI	Social Security Number	
Address		Street	Area Code	Home Phone	
City	State	Zip	Area Code	Alt. Phone	
Position Desired		Date Available	Salary/Wage Desired		
Preferred Work Schedule			Shift Preference (number in order of preference)		
FULL TIME _____ PART TIME _____ PRN _____			DAYS _____ EVENINGS _____ NIGHT _____		
How did you learn of opportunities here?					
Can you provide documentation of your eligibility for employment in the US? (Documentation will be required before beginning work if offer of employment is made)					
			YES _____	NO _____	
Have you previously been employed by Dogwood Village of Orange County <u>OR</u> the Orange County Nursing Home and Home for Adults?			YES _____	NO _____	
If yes, name worked under (if different) _____					
Dates of Employment _____					

# Education

Institution (Name, City, State) High School	Course or Major	Highest Level Completed/ Degree Earned
College/University:		
Trade/Vocational/Armed Forces/Other		
Currently enrolled in a course of study? YES _____ NO _____		
If yes, enter institution and course:		

# Professional

Professional License(s), Registration(s), and Certificate(s) List Licenses or Certificates	Number	State	Year Issued	Expiration Date
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# Skills

Please indicate specific skills you are capable of performing or equipment you are trained to operate			
Equipment	Kind/Type	Speed	Yrs. Experience

# Supplemental Data

Summarize pertinent information that is not contained in other sections of this application. Include special recognition, honors, publications, research, and other related activities. You may also provide any additional information or explanation that you wish the interviewer to consider.

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# Employment History

May we contact your present and past employers regarding your character, qualifications, and work history?

YES \_\_\_\_\_ NO \_\_\_\_\_

Comments/Additional information: \_\_\_\_\_  
\_\_\_\_\_

Dates of Employment Exact Title or Position Name/Title of Immediate Supervisor

From \_\_\_\_ (Mo.) \_\_\_\_ (Yr) to \_\_\_\_ (Mo.) \_\_\_\_ (Yr) \_\_\_\_\_

Name and address of place employed Telephone Salary at separation

Reason for leaving \_\_\_\_\_

Description of work/duties assigned: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Dates of Employment Exact Title or Position Name/Title of Immediate Supervisor

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Name and address of place employed Telephone Salary at separation

Reason for leaving \_\_\_\_\_

Description of work/duties assigned: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Name and address of place employed Telephone Salary at separation

Reason for leaving \_\_\_\_\_

Description of work/duties assigned: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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# Professional References

Name/Title Organization/Address Telephone

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

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

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

# Additional Information

Do you wish to identify yourself as having any physical, mental, or medical impairments that would limit your job performance for the position to which you are applying? YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, please explain:

Are there any reasonable accommodations or assistance, such as special equipment or facilities, which would assure better job placement and/or enable you to perform this job to your maximum capabilities? YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, please describe:

Can you safely perform the essential functions of the position to which you are applying? YES \_\_\_\_\_ NO \_\_\_\_\_ If no, please explain:

Have you *ever* been convicted of a crime? (Note: A conviction will not necessarily disqualify you for the job you applied for. Complete information will be required at time of job offer) YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, please explain:

If you have worked under a different name at any time, please indicate name(s) worked under:

Name	Place employed	Dates
_____	_____	_____
_____	_____	_____

If you have any relatives working at Dogwood Village of Orange County, please indicate the following:

Name	Department	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

I certify that the information on this employment application is true and complete to the best of my knowledge. If hired, I understand that any misrepresented or willful omission of facts on this application shall be considered sufficient cause for dismissal. I authorize previous employers or other individuals named to give any information regarding my employment or scholastic standing together with any pertinent information regarding my suitability for employment.

I understand that all job offers are contingent upon the successful completion of a background check, including verification of my criminal history, employment and/or personal references, and a pre-employment drug screening. I also understand that my employment is "at will" and nothing in this application or any other communication from the facility shall be interpreted as a contractual obligation to begin or continue employment for any period.

I hereby waive and release any and all manner of actions, cause of actions, and demands of every kind, nature, and description arising from the release of any requested information obtained in the facility's effort to determine my suitability for employment, against the Facility, its officers, and its employees, both in law and equity which I may have now or in the future.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date