

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

Employment Application

"Tradition of Excellence"

An Equal Opportunity Employer Workplace

Drug-Free

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.

General	Name Last		First	MI	Social	Security Number		
Information	Address	Street		Are	a Code	Home Phone		
	City	State	Zip	Area	a Code	Alt. Phone		
e-mail address:	Position Desired		Date Available		 Salary/	Wage Desired		
	Preferred Work Schedule Shift Preference (number in order of preference)							
	FULL TIME PART TIME PRN DAYS EVENINGSNIGHT 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 OR the Orange County Nursing Home and Home for Adults? YES NO							
	Dates of Employme							
Education	Institution (Name, C High School	ity, State)		Course or Major	Highest Le Degree I	vel Completed/ Earned		
	College/University:							
	Trade/Vocational/Armed Forces/Other							
	Currently enrolled in		YES NO					
Professional	Professional License List Licenses or Cert	e(s), Registration(s), a ificates	nd Certificate(s) Number	State Year	r Issued	Expiration Date		
Skills	Please indicate spec Equipment		ble of performing or equ nd/Type	ipment you are traine Speed		. Experience		

	- 734.X							
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.							

Employment His

History	YES NO Comments/Additional information:					
	Dates of Employment		Exact Title or Position	Name/Title of Immed	iate Supervisor	
	From(Mo.)(Yr) to(Mo.)	(Yr)				
	Name and address of place employed		Telephone	Sala	ary at separation	
	Reason for leaving Description of work/duties assigned:					
	Dates of Employment		Exact Title or Position	Name/Title of Immed	iate 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:					
	Dates of Employment From(Mo.)(Yr) to(Mo.)(Yr)		Exact Title or Position Name/Title of Immediate Su		iate Supervisor	
	Name and address of place employed	(11)	Telephone	Sala	ary at separation	
	Reason for leaving Description of work/duties assigned:					
Professional References	Name/Title	Organiz	ration/Address		Telephone	

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

Additional Information

Signature

Additional nformation	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:
			cted of a crime? (Note: A conviction will not ormation will be required at time of job offer)				
	If you have worked under a	a different name at any time, please indicate r Place employed	name(s) worked under: Dates				
	If you have any relatives working at Dogwood Village of Orange County, please indicate the following: Name Department Relationship						
understand that any misrepreser dismissal. I authorize previous e	nted or willful omission of employers or other individ	on is true and complete to the best of r facts on this application shall be cons luals named to give any information re n regarding my suitability for employm	idered sufficient cause for garding my employment or				
criminal history, employment and	d/or personal references, ng in this application or a	ccessful completion of a background of and a pre-employment drug screening only other communication from the facily any period.	g. I also understand that my				
arising from the release of any re	equested information obta	, cause of actions, and demands of evained in the facility's effort to determine in law and equity which I may have now	e my suitability for employment,				
Signature		 					