

The Heritage Inn of Charlottesville

220 S. Pantops Dr
Charlottesville, VA 22911
T-434-977-0002 F-434-977-6969

PERSONAL INFORMATION

Name (Last, First, Middle):

Date:

Position you are applying for:

Salary Requirements:

Home Address:

SSN:

City

State:

Zip:

Home Phone:

Other Phone:

How were you referred to our company?

Date you can start:

Are you 18 years of age or older YES NO

Work hours/Shift preferred:

Full Time

Part Time

Days

Evenings

Nights

Weekends

Are you authorized to work in the United States? YES NO

As a condition of employment, you are required to submit proof of employment eligibility and identity in compliance with the Immigration Reform and Control Act of 1986.

Have you ever been convicted of a crime?

YES

NO

If yes explain

Please note a conviction is not necessarily a bar to employment. A "Yes" will be considered only as it is relevant to employment and may require further research/investigation.

EDUCATION RECORD

Schools Attended (include current)	Name & Address	Field of Study	Did you Graduate?	Degree
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Technical School			<input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYMENT HISTORY (start with most recent)

Employer Name: _____ Dates Employed: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Ending Salary: _____

Title/Duties: _____

Managers Name and Title: _____

Reason for leaving: _____

If still employed, may we contact your present employer? YES NO

Employer Name: _____ Dates Employed: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Ending Salary: _____

Title/Duties: _____

Managers Name and Title: _____

Reason for leaving: _____

Employer Name: _____ Dates Employed: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Ending Salary: _____

Title/Duties: _____

Managers Name and Title: _____

Reason for leaving: _____

REFERENCES**List three persons who are not related to you and who have definite knowledge of your qualifications for the position for which you are applying. DO NOT list personal references.**

Name: _____ Home Phone: _____

Relationship to you: _____ Work Phone: _____

Address: _____

Name: _____ Home Phone: _____

Relationship to you: _____ Work Phone: _____

Address: _____

Name: _____ Home Phone: _____

Relationship to you: _____ Work Phone: _____

Address: _____

PROFESSIONAL LICENSES AND CERTIFICATIONS

(Please list Any Job Related Memberships, Licenses, and Certifications)

Name:	State Issued:	Number:
Name:	State Issued:	Number:
Name:	State Issued:	Number:

PLEASE READ AND SIGN

I certify that the information given by me in this application is true and correct to the best of my knowledge. I authorize any persons, schools, employers, or other organizations named in this application to provide The Heritage Inn with any relevant information that may be required to arrive at an employment decision. I release all such persons from any liability or damages due to providing such information. I understand that any misrepresentations, falsification, or material omission of information on this applications may result in my failure to receive an offer of employment or, if I am hired, my termination from employment.

I understand and agree that:

- A. Although every effort will be made to accommodate individual preferences, business needs at times make the following conditions mandatory: overtime, shift work, rotating work schedule, or a work schedule other than Monday through Friday. I understand and accept these conditions of employment.
- B. According to state law, The Heritage Inn may make a criminal background check as precondition for employment.
- C. According to state law, The Heritage Inn may require a health screening for communicable disease and/or substance abuse testing as precondition to employment.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between The Heritage Inn and myself for either employment or for the providing of any benefit. I also understand that any job I may be offered will not be for any set period of time. My employment may be terminated at any time of my own free will or that of my employer.

Signature _____ Date: _____

**VIRGINIA DEPARTMENT OF SOCIAL SERVICES REGULATION FOR CRIMINAL RECORD
CHECKS FOR ASSISTED LIVING FACILITIES AND ADULT DAY CARE CENTERS**

22 VAC 40-90-10 et seq

**PART I
INTRODUCTION**

22 VAC 40-90-10 Definitions.

The following words and terms when used in conjunction with this chapter shall have the following meanings:

“Barrier Crimes” means certain crimes that automatically bar individuals convicted of same from employment at a licensed assisted living facility or adult day care center. These crimes, as specified by * 63.2-1719 of the Code of Virginia, are murder or manslaughter as set out in Article 1 (*18.2-30 et seq.) of Chapter 4 of Title 18.2; malicious wounding by mob as set out in *18.2-41; abduction as set out in subsection A of *18.2-47; abduction for immoral purposes as set out in * 18.2-48; assaults and bodily woundings as set out in Article 4 (* 18.2-51 et seq.) of Chapter 4 of Title 18.2; robbery as set out in *18.2-58; carjacking as set out in * 18.2-58.1; extortion by threat as set out in * 18.2-59; felony stalking as set out in 18.2-60.3; sexual assault as set out in Article 7 (* 18.2-61 et seq.) of Chapter 4 Title 18.2; arson as set out in Article 1 (* 18.2-77 et seq.) of Chapter 5 of Title 18.2; drive-by shooting as set out in * 18.2-286.1; use of a machine gun in a crime of violence as set out in * 18.2-289; aggressive use of a machine gun as set out in * 18.2-290; use of a sawed-off shot gun in a crime of violence as set out in subsection A of * 18.2-300; pandering as set out in * 18.2-355; crimes against nature involving children as set out in *18.2-361; incest as set out in * 18.2-366; taking indecent liberties with children as set out in * 18.2-370 or * 18.2-370.1; abuse and neglect of children as set out in *18.2-371.1; failure to secure medical attention for an injured child as set out in *18.2-314; obscenity offenses as set out in * 18.2-374.1; possession of child pornography as set out in * 18.2-374.1:1; electronic facilitation of pornography as set out in * 18.2-374.3; abuse and neglect of incapacitated adults as set out in 18.2-369; employing or permitting a minor to assist in an act constituting an offense under Article 5 (* 18.2-372 et seq.) of Chapter 8 of Title 18.2 as set out in 18.2-379; delivery of drugs to prisoners as set out in *18.2-474.1; escape from jail as set out in *18.2-477; felonies by prisoners as set out in *53.1-203; or an equivalent offense in another state. Applicants convicted of one misdemeanor barrier crime not involving abuse or neglect or moral turpitude may be hired provided five years has elapsed since the conviction.

“ Central Criminal Records Exchange” means the information system containing conviction data of those crimes committed in Virginia, maintained by the Department of State Police, through which the criminal history record request form is processed.

“Criminal history record request” means the Department of State Police form used to authorize the State Police to generate a criminal record report on an individual.

SWORN STATEMENT OR AFFIRMATION FOR
APPLICANTS FOR ASSISTED LIVING FACILITY LICENSURE

To the Applicant:

Section 63.2-1721 of the Code of Virginia requires that any applicant for licensure as an assisted living facility 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.

Any person making a materially false statement on this form shall be guilty of a Class 1 misdemeanor.

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.

1. _____
Last Name First Middle Maiden Social Security Number

Street/P.O. Box City State Zip Code

2. Have you ever been convicted of a crime within or outside Virginia (but excluding offenses committed before your eighteenth birthday that were finally adjudicated in a juvenile court or under a youth offender law)?
____ yes ____ no
If yes, list all and explain. _____

3. Are you the subject of any pending criminal charges within or outside Virginia? ____ yes ____ no
If yes, please explain. _____

4. Have you ever been the subject of a founded complaint of child abuse or neglect within or outside Virginia?
____ yes ____ no If yes, please explain. _____

5. I hereby affirm that the information provided on this form is true and complete. I understand that the information is subject to verification.

Applicant's Signature _____ Date: _____