



Employment Application

This employer does not discriminate in its hiring decisions or in any other employment decision on the basis of race, color, sex, religion, citizenship, national origin, veteran status, age or upon a physical or mental disability which is unrelated to the applicant's/employee's ability to perform the essential functions of the position.

Date of Application _____ **Date Available to Start Work** _____

Personal Information

Name: _____ Social Security Number: _
_____ (Last) (First) (Middle)

List any other name(s) you have worked under: _____

Present address: _____
_____ (Street) (City) (State)
_____ (Zip)

Permanent Address (if different than present address): _____
_____ (Street) (City) (State)
_____ (Zip)

Phone Number: _____ Emergency Contact Person: _____
_____ (Name) (Address) (Phone Number)

Employment Desired

Position applied for: _____ Salary
required:

_____ Hours available to work: _____ Days _____ Evenings _____ Nights _____

_____ Weekends Will you accept employment of: _____ Full Time? _____

_____ Part Time? _____ PRN (As Required)?

Prior Work History (List your last four 4) jobs beginning with your most recent or current employer.)

Employer's Name and Address: _____

Position Held: _____ Supervisor: _____

Dates Employed: From (month/year) _____ To (month/year) _____

Salary: _____

Reason for Leaving: _____

Employer's Name and Address: _____

Position Held: _____ Supervisor: _____

Dates Employed: From (month/year) _____ To (month/year) _____

Salary: _____

Reason for Leaving: _____



Prior Work History (Continued)

Employer’s Name and Address: _____

Position Held: _____ Supervisor: _____

Dates Employed: From (month/year) _____ To (month/year) _____ Salary: _____

Reason for Leaving: _____

Employer’s Name and Address: _____

Position Held: _____ Supervisor: _____

Dates Employed: From (month/year) _____ To (month/year) _____ Salary: _____

Reason for Leaving: _____

List name(s) of all other employers for the last five (5) years: _____

May we contact your present employer? _____ Yes _____ No _____ Not applicable

Have you ever been terminated or asked to resign from any position? _____ Yes _____ No

Educational Background (List all educational schools attended with degrees, diplomas or certificates received.)

If your school or employment records are under another name(s), indicate that name(s): _____

Professional Licensure/Certification

State of Virginia Nursing License Number: _____ Expiration date: _____

[] By Endorsement [] By Exam State of Virginia applied for [] Yes [] No

Other current state License(s) State _____ License Number: _____ Expiration date _____

State _____ License Number _____ Expiration date: _____

Have you ever had any action taken against your professional license? YES [] NO []

If yes, when and what action was taken _____

Certification:

List all technical special skills or education honors, certificates, licenses, memberships or certification not previously listed: _____



References (List name, address and telephone number of three references who are not relatives or former employers.)

Employees are expected to be at work on time for each of their assigned shifts. In addition, if offered a job employees will be required on occasion to work overtime, evenings, or weekends. Will you be able to meet your expected work shift and scheduling requirements? YES NO

(PLEASE READ CAREFULLY:

Important Information for the Job Applicant:

It is unlawful for any person to provide false information regarding a criminal conviction on this employment application. Providing false information regarding criminal conviction on this application is punishable by the law.

I certify that the information provided on this application is true and complete. I understand that false information or omission of facts may disqualify me from employment and may cause termination if discovered at a later date. In addition, I could be punishable by the law.

Signature of Applicant

Date of Sign

Amazing Grace Care Services •Nurse Aide Registry Tracking Form

4216 Evergreen Lane Suite 133, Annandale, VA 22003 • Telephone: (703) 955-4913

Submit this form to the Virginia Criminal Background Check Registry, within 30 days of applicant's employment start date.

Personal Information:

Name: _____
(Last) (First) (Middle) (Maiden or Any Other)

Address: _____ **Social Security Number:** _____
(Street or P.O. Box) (City) (State) (Zip)

Date of Birth: _____ **Sex:** _____ **M** _____ **F** **Race:** _____ **Daytime Phone Number:** _____

It is further understood that if I am hired, it will be as a temporary employee until my criminal background check is received by the employer. If I have no criminal record in accordance with state law, I may be considered for employment, subject to training requirements and other requirements of the job for which I am applying with this employer.

I hereby certify that I have no previous convictions. My signature below authorizes the employer to run a check with the Criminal Background Check of the Virginia State Police for any criminal convictions. I hereby give the Amazing Grace Care Services and the Virginia State Police and any other authority to precede with criminal record history checks as required by law.

Signature of Applicant

Date of Sign

This section to be completed by the employer. Please do not detach this section, submit the whole page to the department.

Employer/Applicant Information

Employment Start Date: _____

The applicant is:

- A Certified Nurse Aide in the state of Virginia

- Providing services as a Personal Care Assistant in a Medicaid-certified home health agency.

- Enrolled in a training program – Training Start Date: _____
(The training date must be supplied unless applicant is certified or a PCA)

Employer Name: _____ **Employer Type:** _____

Employer Address: _____ **Phone Number:** _____