



## APPLICATION FOR EMPLOYMENT

(All applications must be printed in ink or typed and must be signed)

Date Applied		Position Desired			Date Available		
Available On Weekends <input type="checkbox"/> Yes <input type="checkbox"/> No		Shifts Available <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Night			<input type="checkbox"/> PRN/Relief <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary		

Full Name - Last	First	Middle	Email		
Present Address - Street	City	State	Zip	How Long	Telephone
Previous Address - Street	City	State	Zip	How Long	Telephone

Education	Name	Full Address	Last Yr. Completed (Circle)	Diploma Degree Major Field	Year Received
High School			9 10 11 12		
Nursing or Other			1 2 3 4		
College or University			1 2 3 4		
Post Graduate			1 2 3 4		

List any additional information or qualifications that relate to your ability to perform the job for which you have applied. \_\_\_\_\_

\_\_\_\_\_

Do you have any disabilities that would interfere with you performing the job for which you have applied?  YES  NO If yes, please explain \_\_\_\_\_

\_\_\_\_\_

Are you prevented from lawfully becoming employed in this country because of VISA or immigration status?  YES  NO If yes, please explain \_\_\_\_\_

\_\_\_\_\_

**PROOF OF CITIZENSHIP OR IMMIGRATION STATUS REQUIRED UPON EMPLOYMENT BY COMPLETION OF 1-9**

From Mo/Yr	To Mo/Yr	Start with Present/Last Position, List Employer's Name, Address, and Phone Number Include Periods of Military Service	Position Held And Supervisor(s) Name	May We Contact?	Starting and Last Salary (Optional)	Reason for Leaving
		_____	_____		_____	
		_____	_____		_____	
		_____	_____		_____	

**U.S. Military Service:**

Branch of Service: _____	Rank & Type of Service: _____
Training/Experience: _____	

**(Professional Applicants Only) Complete all applicable sections**

Professional Status (Position and whether licensed)	Lic. or Certificate Number	Renewal Date	State
Have you applied for a Virginia License?	Date Applied		
Professional Memberships			

**References: Other than relatives or former employers**

Full Name	Full Address	Phone Number	Years Known	Occupation

**Please read carefully and sign below**

I certify to the best of my knowledge that the information provided in this application for employment is true and complete and that any misrepresentation or omission of facts is just cause for cancellation of this application or, if already employed, termination of my services.

I understand that, as part of normal procedure for processing employment applications, a routine inquiry may be made concerning the information contained on this application. I authorize such investigation and release all persons supplying information from any liability or damages for having furnished such information.

I further understand that The Village at Woods Edge is an equal opportunity employer and does not discriminate because of race, color, religion, sex, age, or national origin.

If employed, I agree to abide by all existing and subsequently issued rules of The Village, and my employment and compensation can be terminated, with or without cause, and with or without notice, at anytime, at the option of either The Village or myself.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_