

APPALACHIAN AGENCY FOR SENIOR CITIZENS

Application for Employment An Equal Opportunity Employer

We consider qualified applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, gender identity, sexual orientation, the presence of a medical condition or disability that can be reasonably accommodated, or any other legally protected status.

The fact that this application has been provided to you does not necessarily mean that there are positions available, and does not in any way obligate the agency to offer you employment.

INSTRUCTIONS – Each questions/part must be fully and accurately completed as possible. Further consideration may not be given until all questions/parts have been completed.

PLEASE PRINT – except where you are instructed to sign your name.

List The Job Position/Title For Which you Are Applying: _____

Do you have a current First Aid Card? Yes No

Are you a certified Personal Care Aid? Yes No

Are you a licensed professional? If so: License/Registration Number: _____ State _____
Date Expires: _____

Do you have experience working/assisting with the care of the frail elderly? Yes No If Yes – How Long? _____

Last Name First Name Middle Name

List any Previous Names by Which You were Known: _____

Social Security Number: _____ - _____ - _____ EMAIL ADDRESS: _____

Home Phone Number: _____ Cell Phone Number: _____

Mailing Address City State Zip

Are you over 18 years of age Yes No

Have you filed an application with this agency before? Yes No If Yes, when? _____

Have you been employed with this agency before? Yes No If yes, when? _____

Are you eligible to work in the United States? Yes No If No, give your immigration status: _____

Have you ever been discharged/fired or required/asked to resign? Yes No If Yes, please explain: _____

Are you related to anyone who works for us now? If so, who and how?

Are you seeking: Full Time Part-Time PRN Expected Wages _____/per hour/year

Are you willing to work holidays? Yes No Are you willing to work weekends? Yes No

You are seeking: Day Shift Evening Shift Night shift Flexible

United States Military Service Record

Were you in the Armed Services? Yes No If Yes, what branch? _____

Specialty/Training: _____

EDUCATION

Name of Your High School: _____

City and State where high school is/was located: _____

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

If you did not complete high school, do you have a high school equivalency diploma? Yes No

Circle the number of years post high school education completed: 1 2 3 4 5 6 7

Name & Location of Institute	Degree Received	Major	Minor	Dates Attended

Please list any additional education and/or vocational technical training you have had:

Have you been convicted of (or pleaded guilty or nolo contendere (no contest) to a violation of federal, state, local or military law (other than minor traffic violations) whether within or outside the Commonwealth of Virginia in the past 10 years? Yes* No If Yes, list what type of violation, the date of conviction, the county, city and state violation was committed in, the sentence and current status: _____

Are you subject to any pending criminal charges whether within or without the Commonwealth of Virginia? Yes No If Yes, please explain alleged offense including date and place where alleged offense occurred: _____

Have you ever been subject of a founded complaint of child abuse or neglect within or without the Commonwealth of Virginia? Yes No If Yes, please explain alleged offense including date and place where alleged offense occurred: _____

Have you ever been debarred, excluded, or rendered ineligible for participation in state or federal healthcare programs (i.e., Medicaid/Medicare?) Yes No

*Note: A "Yes" response does not automatically disqualify an applicant from employment.

By signing this application, I am solemnly swearing and/or affirming that the information provided by me above is the truth and is accurate. Notice: Under Virginia law, any person making a materially false statement when providing this sworn statement or affirmation regarding any such offense shall be guilty of a Class 1 misdemeanor. Virginia Code Section 32.1-126.01

EMPLOYMENT RECORD

(BEGIN WITH YOUR CURRENT OR MOST RECENT EMPLOYMENT AND GO BACKWARD)

Name of Company: _____ Phone #: _____
Address (or location): _____
Type of business of this Company: _____ Job Title: _____
Dates (Month/Year) you were employed: From: _____ To: _____
List your last (or current) hourly rate of pay; or annual salary: \$ _____
Your last immediate supervisor is/was: _____
Reason you left (or why you are looking to leave if still employed): _____
(Do we have permission to contact this Company? [] Yes [] No)

Name of Company: _____ Phone #: _____
Address (or location): _____
Type of business of this Company: _____ Job Title: _____
Dates (Month/Year) you were employed: From: _____ To: _____
List your last (or current) hourly rate of pay; or annual salary: \$ _____
Your last immediate supervisor is/was: _____
Reason you left (or why you are looking to leave if still employed): _____
(Do we have permission to contact this Company? [] Yes [] No)

Name of Company: _____ Phone #: _____
Address (or location): _____
Type of business of this Company: _____ Job Title: _____
Dates (Month/Year) you were employed: From: _____ To: _____
List your last (or current) hourly rate of pay; or annual salary: \$ _____
Your last immediate supervisor is/was: _____
Reason you left (or why you are looking to leave if still employed): _____
(Do we have permission to contact this Company? [] Yes [] No)

SUPPLEMENTAL EMPLOYMENT RECORD

Name of Company: _____ Phone #: _____

Address (or location): _____

Type of business of this Company: _____ Job Title: _____

Dates (Month/Year) you were employed: From: _____ To: _____

List your last (or current) hourly rate of pay; or annual salary: \$ _____

Your last immediate supervisor is/was: _____

Reason you left (or why you are looking to leave if still employed): _____

(Do we have permission to contact this Company? Yes No

Name of Company: _____ Phone #: _____

Address (or location): _____

Type of business of this Company: _____ Job Title: _____

Dates (Month/Year) you were employed: From: _____ To: _____

List your last (or current) hourly rate of pay; or annual salary: \$ _____

Your last immediate supervisor is/was: _____

Reason you left (or why you are looking to leave if still employed): _____

(Do we have permission to contact this Company? Yes No

Name of Company: _____ Phone #: _____

Address (or location): _____

Type of business of this Company: _____ Job Title: _____

Dates (Month/Year) you were employed: From: _____ To: _____

List your last (or current) hourly rate of pay; or annual salary: \$ _____

Your last immediate supervisor is/was: _____

Reason you left (or why you are looking to leave if still employed): _____

(Do we have permission to contact this Company? Yes No

IMPORTANT

***You MUST read the following statements on this page carefully.**

***Put your initials by each statement on the line provided**

***You MUST sign your name and put in the date on the bottom of this page.**

**** If you fail to comply with these instructions, you will not be considered for employment.**

_____ AASC considers qualified applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, gender identity, sexual orientation, the presence of a medical condition or disability that can be reasonably accommodated, or any other legally protected status

_____ I understand that either misrepresentations or omissions of facts called for on this application are causes for rejection of this application; or for subsequent dismissal from employment.

_____ I understand and agree that because employment at AASC is based on mutual consent, the right of employment relationship "At Will" is recognized and affirmed as a condition of employment irrespective of any other company policy, rule or regulation.

_____ I acknowledge that as part of the application process, AASC, will, if applicable, verify the state(s) licensed nurse's boards, nurse's aide registry and other professional licensing agencies the status of my license/certificate and any information available regarding such for use in evaluating my application for employment. I give the agency permission to complete a criminal record check as required by law. Further, I give the agency permission to check the Federal OIG List of Excluded Individual/Entities.

_____ I understand that before I am employed I may be required to give an agency-directed demonstration to indicate my level of ability to perform certain jobs/tasks for which I may be considered for employment.

_____ If I am employed, I agree to comply with and be bound by the safety and work rules and other rules, regulations and policies of the company.

_____ I agree to submit to a post-offer medical examination, which includes a drug test; and periodic medical examinations after I am employed, for any reason, at the agency's discretion.

_____ I understand and accept that I must successfully complete AASC's introductory period if I am hired.

_____ I authorize a blanket investigation of all statements contained in this application and do hereby release any and all persons, companies, educational institutions, or agencies responding to such investigation from any liability for any damage due to releasing information pertaining hereto.

_____ I understand that in the event my application for employment is accepted, the effective date of acceptance and of my employment shall be the time I actually begin work.

_____ I understand that I will be required to provide AASC with appropriate documentation to establish that I am either a U.S. citizen, U.S. national, or if neither, that I am legally authorized to work in the United States.

YOUR SIGNATURE

DATE

AFFIRMATIVE ACTION INFORMATION

Completion of this form is voluntary.

Appalachian Agency for Senior Citizens (AASC) is or seeks to qualify as a Government contractor subject to Executive Order 11245; Section 503 of the Rehabilitation Act of 1973, as amended; and the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA). Together, these laws require Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; (4) Armed Forces service medal veterans; (5) individuals with disabilities; (6) minorities, and (7) women.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the laws identified above. The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans and individuals, and regarding necessary accommodations; (ii) first-aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

AASC's various action oriented program help it maintain equal employment opportunity in the workforce, reaffirming its commitment to the spirit and letter of affirmative action law.

Please be advised that this is NOT a part of an official application for employment.

Name: _____ Last 4 SSN: xxx-xx-_____
Last First Middle

Specific Job Applied For: _____

How were you referred to our agency? Check One:

Walk in Mail-in Advertisement Agency Employee Referral State Employment Agency Other: _____

1-Please specify your sex: Male Female I Choose Not to Disclose

2- Are you Hispanic or Latino? (Check One): Yes No I Choose Not to Disclose

3- Please specify your race: (Check all that apply):

- | | | |
|---|--|---|
| <input type="checkbox"/> American Indian or Alaskan Native
(A person having origins in any of the Black original peoples of North, South & Central America who maintains tribal affiliation) | <input type="checkbox"/> Asian
(A person having origins of the peoples of the Far East, Southeast Asia, or the Indian Subcontinent) | <input type="checkbox"/> Black or African American
(A person having origins in any of the racial groups of Africa) |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander
(A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands) | <input type="checkbox"/> White
(A person having origins in any of the original peoples of Europe, North Africa, or the Middle East) | <input type="checkbox"/> I Choose Not to Disclose |

4- Please indicate your Veteran Status:

If you believe you belong to any of the categories of protected veterans listed below, please indicate by checking the appropriate box below. As a government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATION OF PROTECTED VETERAN LISTED BELOW

I AM NOT A PROTECTED VETERAN

I AM NOT A VETERAN

I choose not to disclose.

PROTECTED VETERAN CLASSIFICATIONS:

- A "DISABLED VETERAN" is one of the following:
 - A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
 - A person who was discharged or released from active duty because of a service-connected disability.
- A "RECENTLY SEPARATED VETERAN" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- An "ACTIVE DUTY WARTIME OR CAMPAIGN BADGE VETERAN" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- An "ARMED FORCES SERVICE MEDAL VETERAN" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA – the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

5- Please use the following page for voluntary self-identification of disability.

We are an equal-opportunity, affirmative-action employer committed to diversity and compliance with law, including Executive Order 11246, as amended, Section 503 of the Rehabilitation Act of 1973, as amended, and The Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

SIGNATURE: _____ DATE: _____

VOLUNTARY SELF-IDENTIFICATION OF DISABILITY

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

<ul style="list-style-type: none">• Blindness• Deafness• Cancer• Diabetes• Epilepsy	<ul style="list-style-type: none">• Autism• Cerebral palsy• HIV/AIDS• Schizophrenia• Muscular dystrophy	<ul style="list-style-type: none">• Bipolar disorder• Major depression• Multiple sclerosis (MS)• Missing limbs or partially missing limbs	<ul style="list-style-type: none">• Post-traumatic stress disorder (PTSD)• Obsessive compulsive disorder• Impairments requiring the use of a wheelchair• Intellectual disability (previously called mental retardation)
---	---	--	--

Please check one of the boxes below:

YES, I HAVE A DISABILITY (or previously had a disability)

NO, I DON'T HAVE A DISABILITY

I DO NOT WISH TO ANSWER

Reasonable Accommodation Notice

Federal Law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

¹ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.