



MASONIC HOME OF VIRGINIA

4101 Nine Mile Road, Richmond, VA 23223

APPLICATION FOR EMPLOYMENT

Today's Date: _____

Position Applying For: _____

We are committed to a policy of Equal Employment Opportunity and will not discriminate on any legally recognized basis, including but not limited to race, age, color, religion, sex, marital status, national origin, citizenship, ancestry, handicap or disability or veteran status.

Please answer every question even if you are attaching a resume. An application will not be considered if it is not thoroughly filled out. Please print legibly in ink.

Name: _____
Last First Middle

Present Address: _____
Street City State Zip

Home Phone Number: _____ Other Phone Number: _____

Social Security Number: _____

How did you hear about this position?

- Newspaper Radio Masonic Home Web Page Masonic Home Job Line
 Walk In Internet Job Fair
 Employee Referral: _____
(Employee Name)

Have you ever applied with Masonic Home of Virginia before? Yes No

If yes, please give details including date: _____

Have you ever been employed with us before? Yes No

If yes, please give dates of employment and position held: _____

Do you have relatives or friends currently working here? Yes No

If yes, please give name(s) and relationship(s): _____

Are you currently employed: Yes No

May we contact your current employer: Yes No

On what date are you available to work? _____

Are you capable of performing in a reasonable manner the activities involved in the job for which you have applied?

- Yes No

Have you ever been convicted of a law violation? Yes No If yes, give details.

What is your salary requirement? _____

What type of schedule are you looking for? Full time Part time PRN

What shifts are you available for? _____

If interested in less than a full time schedule, what days and times are you available? _____

Are you willing to work overtime? Yes No

Are you a veteran of the U.S. Military Service? Yes No

If so, please indicate branch: _____

If driving is a requirement of the position, do you have a current driver's license? Yes No

If driving is required for the position, continued employment is contingent on your driver's license being maintained within mandatory agency standards.

A copy of your driving record is required prior to the offer of employment. It MUST be less than 90 days old.

Can you furnish proof of citizenship or immigration status upon employment? Yes No

Are you at least 18 years of age? Yes No

EDUCATION

Please note that college degrees must be from an accredited university in order to be considered for employment. Proof of education is required in the event that a conditional job offer is made.

Educational Background	Name and Location	Type of Degree or Diploma	Date Received	Honors and Awards
High School		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Did not Graduate		
Vocational or Trade School		Type: _____		
College or University		<input type="checkbox"/> Associate Type: _____ <input type="checkbox"/> Bachelors Type: _____ Field of Study: _____		
Graduate School		<input type="checkbox"/> Master's Type: _____ Field of Study: _____ <input type="checkbox"/> Doctorate Type: _____ Field of Study: _____		

For RN, LPN, and C.N.A. positions only:

State of Virginia Nursing License #: _____ Expiration Date: _____

Please list any other licenses, certification or skills that relate to the position you have applied for: _____

Please list any other names you have used during your career: _____

EMPLOYMENT RECORD

This section must be completed, even if you are attaching a resume.

Begin with your present or most recent employment. Include self-employment, summer or part-time jobs, and military service assignments.

Employer Information	Dates of Employment	Summary of Work Performed
Employer: _____ Address: _____ Phone: _____ Positions Held: _____ Supervisor: _____ Did you voluntarily resign? <input type="checkbox"/> Yes <input type="checkbox"/> No Specific reason for leaving: _____	From: _____ To: _____ <input type="checkbox"/> Exempt <input type="checkbox"/> Hourly <u>Final Salary:</u> \$ _____	
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PROFESSIONAL REFERENCES

Please provide the names of three individuals with whom you have had a professional relationship.

	Name	Occupation	Phone	Professional relationship
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

APPLICANT'S CERTIFICATION AND AGREEMENT

Please read carefully before signing

In consideration of being employed, I understand and agree that:

- ❖ The receipt of this application does not imply any guarantee of employment.
- ❖ If I misrepresent or deliberately omit any information on this application, I may be refused employment or if employed, I may be terminated.
- ❖ If employed, I may terminate my employment at any time, without cause or notice, and MAHOVA may terminate or modify the employment relationship at any time without cause or notice. If employed, I understand that my employment is for no definite period of time and if terminated, MAHOVA is liable only for wages or salaries earned as of the date of termination.
- ❖ In consideration of my employment, I agree to comply with the rules, regulations and policies of MAHOVA.
- ❖ If employed, I understand that no representative of MAHOVA has any authority to enter into any agreement, oral or written, for employment for any period of specific time or to make any agreement or insurance contrary to this policy.
- ❖ Any physician, hospital or laboratory has my consent to conduct medical examinations or drug screening tests on me, and I hereby give my consent for all such information to be released for MAHOVA to determine my abilities to perform my job, now or in the future. I also give my consent to physical searches of myself and my brief case, lunch box, vehicle, locker, purse or any packages I have while on MAHOVA premises, whether or not I have a lock on such items.
- ❖ The needs of MAHOVA may make the following conditions mandatory: overtime, shift work, rotating work schedules or a work schedule other than Monday through Friday. I accept these conditions of employment.
- ❖ Masonic Home of Virginia is an equal opportunity employer. MAHOVA does not discriminate on the basis of race, color, religion, sex, national origin, age, veteran status or disability, and no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on any basis prohibited by federal, state or local laws.

Masonic Home of Virginia has my authorization to thoroughly investigate my employment and personal history (which may include information concerning my character, criminal convictions, general reputation, personal characteristics and related pertinent information) and I hereby consent to take any employment related test, whenever MAHOVA deems it necessary, in any employment investigation. I will hold no person, corporation or organization liable for giving or its receiving accurate information in such investigation.

I have read and agree to the above and hereby certify that the facts I have provided in my employment application are true and complete.

Signature: _____

Date: _____