

Good Neighbor Homes, Inc.

# Employment Application

Good Neighbor Homes is an Equal Opportunity Employer and does not discriminate because of race, color, age, sex, religion, national origin, disability, veteran's status, marital status, or other status protected by law. It is the policy of Good Neighbor Homes to recruit, hire, promote for all job classifications on the basis of merit, qualifications and competence. This applies to all categories of employment.

## POSITION

Date \_\_\_\_\_ Position Applying For \_\_\_\_\_

Supervisor  Direct Care Aid Date Of Hire \_\_\_/\_\_\_/\_\_\_

Years of Related Experience \_\_\_\_\_ Date Available \_\_\_\_\_

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## PERSONAL

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

Alternate Telephone \_\_\_\_\_ Emergency Number \_\_\_\_\_

Are you currently involved in any form of drug or alcohol abuse?  Yes  No DOB \_\_\_/\_\_\_/\_\_\_  
If yes, please describe \_\_\_\_\_

Is there any reason you would be unable to perform all of the physical duties of the position of which you have applied?  
 Yes  No  
If yes, please describe \_\_\_\_\_

Have you ever been discharged or asked to resign by an employer?  Yes  No  
If yes, please explain reason(s) \_\_\_\_\_

Are there foreign languages you can interpret or translate?  Yes  No Please List \_\_\_\_\_

Are you lawfully authorized to work in the United States?  Yes  No

Have you ever committed, been convicted of, plead guilty to, or plead nolo contendere to a felony or a misdemeanor (excluding traffic violations) in Virginia or outside of the jurisdiction of Virginia?  Yes  No  
If yes, please describe \_\_\_\_\_

Are you involved in any pending or future malpractice claims?  Yes  No  
If yes, please describe \_\_\_\_\_

Have you ever worked for an Adult MR Group Home before?  Yes  No Please List Names \_\_\_\_\_

# PERSONAL/PROFESSIONAL/TECHNICAL REFERENCES

Name	Address	Business or Position	(Area Code) Telephone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## EDUCATION

Name	City	State	Major Course (Subject)	Last Level Completed	Degree
High School or Preparatory	_____	_____	_____	_____	_____
College	_____	_____	_____	_____	_____
Graduate Work	_____	_____	_____	_____	_____
Business School or Technical School	_____	_____	_____	_____	_____

## Training and Certificate Information

_____	_____	_____	_____
CPR and First Aid Date	_____	Expiration Date	_____
_____	_____	_____	_____
Medication Management	_____	Expiration Date	_____
_____	_____	_____	_____
Behavioral Intervention ex. (TOVA)	_____	Expiration Date	_____

## EMPLOYMENT HISTORY

_____	_____	_____	_____	_____
Present or Last Employer	_____	Telephone	_____	_____
_____	_____	_____	_____	_____
Address	City	State	ZIP	_____
_____	_____	_____	_____	_____
Position Held	Start Salary	Ending Salary	_____	_____
Nature of Duties	_____	_____	_____	_____
_____	_____	_____	_____	_____
May we contact your present employer for a reference?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Reason for Leaving	_____	_____	_____	_____
_____	_____	_____	_____	_____
Immediate Supervisor	Telephone	_____	to	Employed from

_____	_____	_____	_____	_____
Present or Last Employer	_____	Telephone	_____	_____
_____	_____	_____	_____	_____
Address	City	State	ZIP	_____
_____	_____	_____	_____	_____
Position Held	Start Salary	Ending Salary	_____	_____
Nature of Duties	_____	_____	_____	_____
_____	_____	_____	_____	_____
May we contact your present employer for a reference?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Reason for Leaving	_____	_____	_____	_____
_____	_____	_____	_____	_____
Immediate Supervisor	Telephone	_____	to	Employed from

## READ CAREFULLY

In the event my application is accepted for consideration, I authorize an investigation of all statements contained in this application. I also hereby release any and all persons, companies, or agencies responding to such investigation from any damage due to releasing any information they have regarding me, whether or not it is in their records, pertaining hereto. I understand that all reference information provided will be kept confidential.

I understand successful completion of the matters set forth above is a prerequisite to employment or continued employment. I swear and affirm that the information contained in this application is true and accurate. I further understand that misrepresentation of facts asked for on this application will generally result in my application not being further considered by Good Neighbor Homes, Inc. and / or will generally result in dismissal from employment no matter when discovered.

I understand that nothing contained in this employment application is intended to create an employment contract between me and Good Neighbor Homes, Inc. If at some point an employment relationship is established, I also understand that my employment status will be at will, which means that my employment may be terminated by me or Good Neighbor Homes, Inc. at any time, for any reason. If I am employed, I agree to comply with all of the rules and regulation of Good Neighbor Homes, Inc.

Are you currently under a physician's care or currently taking any medication?  Yes  No

Do you understand that due to your occupational exposure to blood or other potentially infectious material, you may be at risk of acquiring Hepatitis-B Virus (HBV) infection and that Good Neighbor Homes, Inc. recommends that you should consider being vaccinated before beginning employment?  Yes  No

I have received my copy of the Good Neighbor Homes, Inc. Handbook and agree to read it and keep it for reference. I understand that this booklet is intended as a guide for personnel policies and benefits, and general information, and that it is not intended to be an inclusive, not a contract for employment.

I further understand that management reserves the right to make changes in these guidelines or in their application as deemed necessary and / or appropriate. I understand that these changes can be made without notice to employee.

I understand I may receive disciplinary action up to and including termination for violating policies and / or procedures contained in this handbook.

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EMPLOYEE SIGNATURE

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DATE