



# Employment Application

**Mailing Address:**  
 8254 Atlee Road  
 Mechanicsville, VA 23116  
 Fax: (804) 342-4316

Date: \_\_\_\_\_ Position Desired: \_\_\_\_\_

Full-time  Part-Time  On-Call (PRN)  Temporary

**Personal Data** *(Please Print)*

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
           Last                                      First                                      Middle

Address \_\_\_\_\_  
           Street

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Business Phone Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

How Did You Hear about Sheltering Arms? \_\_\_\_\_

When Will You Be Available to Begin Work \_\_\_\_\_ Salary Expectation \_\_\_\_\_

Location Preference \_\_\_\_\_ Will you accept assignments at all SAH Service Sites \_\_\_\_\_

Are You Over 18 Years Of Age? \_\_\_\_\_ Are You Legally Eligible To Work In The United States? \_\_\_\_\_ Will You Work Hours In Addition To Your Assigned Schedule? \_\_\_\_\_

Have you ever worked for Sheltering Arms as a direct employee, on a temporary basis, or on a contractual basis? \_\_\_\_\_  
 If Yes, please give dates, title, and department \_\_\_\_\_

Please list any relatives or friends currently employed by Sheltering Arms \_\_\_\_\_

Have You Ever Been Convicted Of A Felony?  
 If Yes, Please State Offense, Date and Explain. \_\_\_\_\_

Have you ever been excluded from participation in Medicare, Medicaid or an other Federal Health Care Programs?  
 If Yes, Please State Offense, Date and Explain. \_\_\_\_\_

**Education**

High School Attended: \_\_\_\_\_ Did you graduate? \_\_\_\_\_ Highest grade completed: \_\_\_\_\_

Location: \_\_\_\_\_

Do you have a equivalency diploma (GED)? \_\_\_\_\_ Date Received: \_\_\_\_\_

Name and location	Dates Attended	Degree Completed	Major(and Minor) Field(s) of Study
College:			
Graduate work:			
Other			

Other Special Training or Skills (Professional memberships, languages, certifications, etc.): \_\_\_\_\_

**Resumes are accepted only with completed application.**

*Incomplete applications will not be accepted.*

**Work Experience (List Positions In Chronological Order Starting With Current Or Most Recent Position)**

May We Contact Your Present or Last Employer?  Yes  No

Salary Expectations \_\_\_\_\_

<b>Employment Dates</b> Mo./Yr.                  Mo./Yr.	Name of Employer	Name of Supervisor and Title:
Job Title:	Mailing Address	Reason for Leaving
	Telephone Number	Starting Salary: Final Salary:
Hrs/Week		
Duties:		
<b>Employment Dates</b> Mo./Yr.                  Mo./Yr.	Name of Employer	Name of Supervisor and Title:
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	Telephone Number	Starting Salary: Final Salary:
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Duties:		

*I certify that the information provided in this Application for Employment is true and correct, and that no attempt has been made to conceal pertinent information. I understand that all statements made are open to investigation by Sheltering Arms, and that if any information is found to be false or misleading, will subject me to dismissal at anytime during the period of my employment, and I agree to hold Sheltering Arms and persons named herein blameless in that event. I agree that if I am offered a job, I will submit to a physical examination, including drug screening, and a criminal history background check, and that my employment will be conditioned upon the results. Further, I understand and agree that my employment is for no definite period of time and may be terminated at any time by the company.*

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date