

1009 1st Street SW
Roanoke, VA 24016



Phone: 540-904-2957
Fax: 540-904-2958

EMPLOYMENT APPLICATION

Please print and complete all information requested on pages 1-4.

Date _____

Name _____
Last First Middle Maiden

Present Address _____
Number Street City State Zip

Phone # _____ Cell # _____ Email _____

Social Security # (optional) _____ - _____ - _____ Date of Birth (optional) _____

Are you legally entitled to work in the U.S.? _____ Yes _____ No

Position/location applying for _____

Employment desired: _____ FULL-TIME ONLY _____ PART-TIME ONLY _____ FULL-OR PART-TIME

Days/hours available to work: _____ No Pref _____ Mon _____ Tues _____ Wed _____ Thurs _____ Fri

How many hours can you work weekly? _____ Date available to begin _____

Please check **all** programs you are interested in applying for: _____ BRAAC _____ Katie's Place _____ Achieve Employment
_____ Family Services (In-Home) _____ Summer P/T employment _____ Other (Please note) _____

Do you have a driver's license? _____ Yes _____ No State of Issue _____ Expiration Date _____

Have you had any accidents during the past three years? _____ Yes _____ No How many? _____

Have you had any moving violations during the past three years? _____ Yes _____ No How many? _____

Have you ever been convicted of a misdemeanor or felony? _____ Yes _____ No

Have you ever been convicted of a violation of the law other than a minor traffic violation? _____ Yes _____ No

Have you ever been charged or convicted (guilty or not innocent) of any offense allegedly involving the sexual molestation, physical or sexual abuse or rape of a child? _____ Yes _____ No

If yes to any of the above questions, please give a full explanation. _____

Education and Training:

SCHOOL	SCHOOL NAME CITY/STATE	DATES OF ATTENDANCE	DATE OF GRADUATION	MAJOR(S) MINOR(S)	DEGREE OR DIPLOMA
High School		From: To:			
College/ University		From: To:			
College/ University		From: To:			
Other		From: To:			

Use the space below to summarize any additional information necessary to describe your full qualifications, special gifts/talents for the specific position for which you are applying. (Use separate sheet if necessary.)

Certification

Have you ever applied for a Virginia Teaching Certificate? _____ Yes _____ No If yes, when? _____

Are you currently licensed to teach in the State of Virginia? _____ Yes _____ No

Are you currently licensed to teach in another state? _____ Yes _____ No If yes, state? _____

Board Certified Behavior Analysis (BCBA/BCaBA)? _____ Yes _____ No

Transition Specialist? _____ Yes _____ No

Licensed Behavior Technician? _____ Yes _____ No

Other _____

If yes, please attach a copy of your certificate/license.

List any teaching or related experience:

Name and Address of Organization	Employment Dates	List of Experiences
	From: To:	
	From: To:	
	From: To:	

(2) Name

Mr./Ms.	First	Last
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Address _____

Number	Street	City	State	Zip
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Phone # _____ Cell # _____ Email _____

Context in which they know you: _____

(3) Name

Mr./Ms.	First	Last
---------	-------	------

Address _____

Number	Street	City	State	Zip
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Phone # _____ Cell # _____ Email _____

Context in which they know you: _____

AGREEMENT

(PLEASE READ CAREFULLY BEFORE SIGNING)

I certify that all the information this application is accurate and complete to the best of my knowledge and understand that misleading or false statements will constitute sufficient cause for refusal of hire or termination of employment.

I understand that neither the receipt of this application nor the subsequent entry into any type of employment relationship with St. Vincent's Home creates an implied contract of employment. Absent an actual contract of employment for a specific term or period of time, I understand that if I accept employment with St. Vincent's Home, it will be on an at-will basis. This means that either St. Vincent's Home or I have the right to terminate the employment relationship at any time, for any reason, with or without cause. I further understand that should I be employed on an actual contract basis that the terms and provisions of such contract would determine my rights and the rights of St. Vincent's Home.

I agree to submit to drug and/or alcohol testing, if requested by St. Vincent's Home. I release St. Vincent's Home, and its employees, plus other persons or companies, from any and all liability arising out of or related in any way to such testing.

I authorize St. Vincent's Home to investigate information concerning my education, employment experiences and all other aspects of my background relevant to my proposed employment. I release St. Vincent's Home and its employees from all liability arising from such investigation.

Signature of Applicant

Date

<p><i>St. Vincent's Home (SVH) is an equal employment opportunity employer. SVH adheres to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with SVH depends solely on your qualifications and abilities.</i></p>
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