



# Virginia United Methodist Homes, Inc.

The Hermitage in Richmond    Lydia H. Roper Home    Hermitage in Northern Virginia  
Roanoke United Methodist Home    Hermitage on the Eastern Shore  
The Hermitage at Cedarfield

*Our mission is to provide facilities, services and programs to enhance the quality of life for older persons.*

## APPLICATION FOR EMPLOYMENT

*We offer equal employment opportunities to all persons without discrimination on the basis of race, color, religion, age, marital or veteran's status, sex, national origin, citizenship status, physical or mental disability, or past, present or future service in the Uniformed Services of the U.S. or any other legally protected status.*

(Please Print)

### PERSONAL INFORMATION

Name (last name first):		Date:        /        /	
Address:	City:	State:	Zip Code:
Phone Number: (        )		Social Security Number:        /        /	

Position(s) applied for: \_\_\_\_\_ Referred By: \_\_\_\_\_

Type of employment desired:     Full-Time     Part-Time    Expected Rate of Pay: \$ \_\_\_\_\_

Were you previously employed by us?     Yes     No    If yes, give date(s): \_\_\_\_\_

Do you have friends or relatives who work here?     Yes     No    If yes, list names: \_\_\_\_\_

Are you legally eligible for employment in the U.S.A.?     Yes     No    State age if under 18: \_\_\_\_\_

Can you produce documented proof of identity and eligibility for employment in the U.S.A.?     Yes     No

If your application is considered favorably, on what date will you be available for work? \_\_\_\_\_

Are you capable of performing the essential duties of the position?

Yes     No    If no, please explain \_\_\_\_\_

### EDUCATION

Type of School	Name and Address of School	Courses Majored In	Last Year Completed			
Elementary			5	6	7	8
High School			9	10	11	12
College			1	2	3	4
Graduate/Other			1	2	3	4

What Diploma/Degree(s) do you now hold? \_\_\_\_\_

Professional license(s) or certification(s) held \_\_\_\_\_

License(s) Number \_\_\_\_\_ Expiration Date(s) \_\_\_\_\_ State(s) Issued \_\_\_\_\_

Are you currently the subject of an investigation by a licensing or certifying agency? \_\_\_\_\_

### PERSONAL REFERENCES

*(Not Former Employers or Relatives)*

Name	Address	Telephone	Occupation	Years Known
Name	Address	Telephone	Occupation	Years Known
Name	Address	Telephone	Occupation	Years Known

## EMPLOYMENT HISTORY *(Please list most recent employer first)*

<b>Employer</b>	<b>Dates Employed</b>		<b>Describe Work Performed</b>
Phone (    )	From:	To:	
Address			
<b>Job Title</b>	<b>Hourly Rate/Salary</b>		
Supervisor	Start:	Last:	
Reason for Leaving			May we contact this employer?

<b>Employer</b>	<b>Dates Employed</b>		<b>Describe Work Performed</b>
Phone (    )	From:	To:	
Address			
<b>Job Title</b>	<b>Hourly Rate/Salary</b>		
Supervisor	Start:	Last:	
Reason for Leaving			May we contact this employer?

<b>Employer</b>	<b>Dates Employed</b>		<b>Describe Work Performed</b>
Phone (    )	From:	To:	
Address			
<b>Job Title</b>	<b>Hourly Rate/Salary</b>		
Supervisor	Start:	Last:	
Reason for Leaving			May we contact this employer?

I certify that the information contained in this application is correct to the best of my knowledge and understand that falsification, misrepresentation or material omission of this information is grounds for refusal to hire, or if hired, immediate discharge.

I authorize Virginia United Methodist Homes, Inc. to request and obtain a criminal record report regarding my background for employment purposes. This report may contain information as to my character, general reputation, personal characteristics or mode of living. I acknowledge that I have received a copy of "A Summary of Your Rights Under the Fair Credit Reporting Act" which consists of three (3) pages. I acknowledge that I understand my rights under the Fair Credit Reporting Act. I understand evidence of criminal conviction will not necessarily disqualify me for employment.

I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application and release all such parties from all liability for any damage that may result from furnishing such information to you. I authorize you to request and receive such information.

In consideration of my employment and being considered for employment by Virginia United Methodist Homes, Inc., I agree to conform to the rules and regulations of the corporation and acknowledge that these rules and regulations may be changed, interpreted, withdrawn, or terminated, and any offer of employment, if such is made, may be withdrawn, with or without prior notice, at any time, at the option of Virginia United Methodist Homes, Inc., or myself. I hereby consent to the publication of information concerning any employment to other legitimate inquirers.

**I understand that no representative of Virginia United Methodist Homes, Inc. has any authority to enter into any agreement for employment for any specified period of time, or to assure any benefits of employment. I acknowledge that Virginia United Methodist Homes, Inc. retains the right to terminate any employee at any time, for any reason or for no reason.**

**In making application for employment by Virginia United Methodist Homes, Inc., I acknowledge that I may be requested to undergo a monitored drug screening examination and if offered employment may be subject to random drug testing.**

**Virginia United Methodist Homes, Inc. is an equal opportunity employer. This application shall remain on file for thirty (30) days after which you should file a new application if you should be interested in consideration for a position after that period of time has elapsed.**

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**Signature of Applicant**

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**Date**

**ADULT  
FACILITIES**

**SWORN DISCLOSURE STATEMENT**

**To the Applicant:**

Sections 63.2-1720 and 32.1-126.01 of the Code of Virginia require that any person desiring work at a licensed home for adults or a licensed nursing home provide the hiring facility with a sworn disclosure or affirmation disclosing any criminal convictions or pending criminal charges, whether within or outside the Commonwealth of Virginia.

The law prohibits licensed homes for adults or a licensed nursing home from hiring any individuals convicted of the following: murder, manslaughter, malicious wounding by mob, abduction, abduction for immoral purposes, assaults and bodily wounding, robbery, carjacking, threats of death or bodily wounding, felony stalking, sexual assault, arson, drive by shooting, use of machine gun in a crime of violence, aggressive use of machine gun, use of sawed-off shotgun in a crime of violence, pandering, crimes against nature involving children, incest, taking indecent liberties with children, abuse and neglect of children, failure to secure medical attention for an injured child, obscenity offenses, possession of child pornography, electronic facilitation of pornography, abuse and neglect of an incapacitated adult, employing or permitting a minor to assist in an act constituting an offense under Article 5 of Chapter 8 of Title 18.2, delivery of drugs to prisoners, escape from jail, felony by prisoner, or any equivalent offense in another state.

Any person making a false statement on this form regarding any criminal offense shall be guilty upon conviction of a Class 1 misdemeanor.

1. \_\_\_\_\_  
Last Name                                      First                                      Middle/Maiden                                      Social Security Number

\_\_\_\_\_

Street/P.O. Box                                      City                                      State                                      Zip Code

2. Have you ever been convicted of a crime(s) (but excluding offenses committed before your eighteenth birthday which were finally adjudicated in a juvenile court or under a youth offender law)? \_\_\_\_\_yes \_\_\_\_\_no  
If yes, list name at the time the crime(s) was committed, list all crimes and explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Are you the subject of any pending criminal charges? \_\_\_\_\_yes \_\_\_\_\_no  
If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. I hereby affirm that the information provided on this form is true and complete, and I agree and understand that any falsification or material omission of information herein, regardless of time of discovery, may cause forfeiture on my part to any employment offered by this facility. I understand that all information on this form is subject to verification.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Employers N.B.: This form must be retained for all compensated employees. 032-05-163/1 (3-93)  
Any applicant denied employment because of convictions appearing on the criminal record report shall be provided a copy of the report.

***THIS SUMMARY OF YOUR RIGHTS IS PROVIDED TO YOU, AS THE LAW REQUIRES, BECAUSE VUMH PERFORMS A CRIMINAL BACKGROUND CHECK ON YOU AS PART OF ITS APPLICATION PROCESS. VUMH WILL NOT BE LOOKING AT YOUR CREDIT HISTORY AS PART OF THAT PROCESS.***

### **A Summary of Your Rights Under the Fair Credit Reporting Act**

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you -- such as if you pay your bills on time or have filed bankruptcy -- to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission's web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you -- such as denying an application for credit, insurance, or employment -- must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- **You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs -- to which it has provided the data -- of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. **However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.** If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice

must include the name, address and phone number of the information source.

- **You can dispute inaccurate items with the source of the information.** If you tell anyone -- such as a creditor who reports to a CRA -- that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA -- usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- **You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

<b>FOR QUESTIONS OR CONCERNS REGARDING:</b>	<b>PLEASE CONTACT:</b>
CRAs, creditors and others not listed below	Federal Trade Commission Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4367 (Toll-Free)
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Programs Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-518-6360
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051

**For VUMH Use**

***Interviewed By:***

***Date:***

***Remarks:***

***Interviewed By:***

***Date:***

***Remarks:***

***Interviewed By:***

***Date:***

***Remarks:***