



APPLICATION FOR EMPLOYMENT

HALLMARK YOUTHCARE OFFERS EQUAL EMPLOYMENT OPPORTUNITY TO ALL APPLICANTS FOR EMPLOYMENT AND TO ALL EMPLOYEES REGARDLESS OF SEX, AGE, RACE, COLOR, RELIGIOUS CREED, NATIONAL ORIGIN, ANCESTRY, MARITAL STATUS OR DISABILITY.

PERSONAL DATA

Date _____

Name _____ Social Security No. _____
LAST NAME FIRST NAME INITIAL

Present Address _____ Telephone () _____
STREET NUMBER AND NAME

_____ Message Telephone () _____
CITY STATE ZIP CODE

Other names under which you have worked _____

Are you a U.S. citizen or authorized to work in the U.S. on an unrestricted basis? Yes No

Can you, after employment, submit:
Proof of your legal right to work in the U.S.? Yes No
A birth certificate or other proof of age? Yes No

Have you ever been convicted of a law violation, including moving traffic violations, 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 all convictions and explain. _____

POSITION DESIRED

Position(s) applied for _____ Salary requirement _____

Specify: Full-Time Part-Time PRN

Shift preferred _____ Days and hours if part-time _____

Were you previously employed by Hallmark Youthcare? Yes No

Names of relatives employed by Hallmark _____

If an offer is extended, when would you be available for work? _____

How did you become aware of the position for which you are applying? Please give individual or source. _____

Do you have a reliable method of transportation to use if you are hired to work in this facility? Yes No

EMPLOYMENT HISTORY

Are you presently employed? Yes No

May we contact your present employer Yes No

List on page 2 your work experience beginning with most recent job.

HALLMARK YOUTHCARE
HUMAN RESOURCES DEPARTMENT
12800 WEST CREEK PARKWAY
RICHMOND, VIRGINIA 23238

From	To	NAME AND ADDRESS OF EMPLOYER	JOB TITLE & DUTIES
Mo./Yr.	Mo./Yr.	Name	
		Address	
Starting Salary	Final Salary	City State Ph.	
		Supervisor	Reason For Leaving
From	To	NAME AND ADDRESS OF EMPLOYER	JOB TITLE & DUTIES
Mo./Yr.	Mo./Yr.	Name	
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		Address	
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EDUCATION AND TRAINING

Name of school and address	No. of years	Course of major	Diploma/Degree

Professional & Technical Applicants Only

Professional License No.	Type of License	Place of issue	Expiration Date

Has any professional license of yours, in any jurisdiction, ever been denied, limited (either voluntarily or involuntarily), suspended, revoked, voluntarily surrendered or otherwise acted against or is any such action pending? ___ No ___ Yes If yes, explanation: _____

Membership in professional organizations

REFERENCES (PLEASE DO NOT LIST RELATIVES)

Name	Address	Phone Number

Place an X in the boxes below to indicate experience in the following:

CLERICAL

- Accounting
- Admissions
- Ward Clerk
- Cashier
- Medical Records
- Transcriber
- Secretary-Steno
- Collections-Credit
- Personnel
- Insurance
- Public Relations
- Payroll

NURSING

- Operating Room
- Emergency Room
- Central Service
- Urology
- Medical
- Hemodialysis
- Pediatrics
- Psychiatric
- I.C.U.- C.C.U.
- OB-Gyn-Nursery
- Orthopedics
- Surgery
- Oncology
- Isolation
- Surg ICU
- Education

OTHER

- Pharmacist
- X-Ray Tech.
- Respiratory Therapy
- Cardio Pulmonary
- Cardiac Cath.

OPERATION AND MAINTENANCE DIVISION

- Building trades
- Engineering
- Heating/Air Conditioning
- Food Preparation
- Food Service
- Housekeeping
- Carpet Cleaner
- Grounds keeper
- Electronics
- Purchasing
- Maintenance

SPECIAL SKILLS

- Keypunch
- Bookkeeping
- Calculator
- Personal Computer Software _____
- Dictaphone
- Adding Machine
- Computer Operations
- Office Copier
- PBX
- Word Processor
- Typing speed (wpm): manual ___ electric___
- Shorthand speed (wpm): _____
- Method: _____

Do you speak, read or write in any language other than English?

- Yes
- No
- If yes, please describe _____

PLEASE READ CAREFULLY

PLEASE DO NOT RESPOND TO THE FOLLOWING QUESTIONS UNTIL AFTER YOU HAVE READ AND/OR DISCUSSED THE JOB DESCRIPTION OF THE POSITION FOR WHICH YOU ARE APPLYING.

Do you believe you would be able to perform the essential functions of the job for which you are applying?

- Answer yes or no Yes No

Is there any accommodation that you believe can reasonably be made which would permit you to perform the essential functions of the job for which you are applying? Yes No

Please explain your answer. _____

I hereby certify that the answers to the foregoing questions are true to the best of my knowledge and agree to have any of the statements checked by Hallmark Youthcare unless I have indicated to the contrary.

I am aware that a more detailed investigation concerning background and credit may also be conducted, if applicable to the job for which I am applying, and hereby authorized such an investigation.

I understand that employment is contingent upon satisfactory completion of reference checks and that, upon my written request, information on the nature and scope of an inquiry, if one is made, will be provided to me.

Should a job offer be made, I consent to taking a pre-placement physical examination and such future examinations as may be required by Hallmark Youthcare. I understand that any job offer or my continuing employment, if hired, is contingent upon my being physically, mentally and medically able, with or without reasonable accommodation, to successfully perform the essential functions of my job. I understand that as part of my pre-placement physical examination, upon which any offer of employment is contingent, I will be required to successfully pass a drug screening test. The test will be administered at Hallmark Youthcare's expense and will require me to provide a urine specimen for analysis. The urine specimen will be analyzed for the presence of marijuana, cocaine, phencyclidine (PCP), opiates, and amphetamines. Results of the drug test are completely confidential, and will not be disclosed to others without my specific written consent. My signature below specifically signifies my consent to this pre-placement drug screening test.

I agree to wear all protective clothing or devices required by the facility and to comply with all safety policies and procedures.

I understand that nothing contained in this employment application is intended to lead to or create an employment contract between Hallmark Youthcare and myself which would in any way restrict the right of the company to terminate my employment at will.

I further understand and agree that the employment relationship that may result from my application will be employment-at-will, and either I or Hallmark Youthcare may terminate the relationship at any time.

I understand that any misrepresentation or falsification can be grounds for refusal of employment. I further understand that, if employed, any false statements or misrepresentations herein or in conjunction with the application process may be cause for dismissal.

Applicant's Signature _____ Date _____

Please use the space below for any additional information necessary to describe your full qualifications.

DISPOSITION

Position _____ Shift _____

Department _____ Location _____

Salary _____

Date of Hire _____

Supervisor _____

Comments _____