



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 you 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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

E-mail Address: \_\_\_\_\_

**POSITION DESIRED**

Position(s) applied for \_\_\_\_\_ Salary Requirement \_\_\_\_\_

Specify:  Full-Time  Part-Time  As Needed (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 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, VA 23238

FROM	TO	NAME AND ADDRESS OF EMPLOYER			JOB TITLE & DUTIES
Mo. / Yr.	Mo. / Yr.	Name			
		Address			
Starting Salary	Final Salary	City	State	Zip	
		Supervisor			Reason for Leaving
FROM	TO	NAME AND ADDRESS OF EMPLOYER			JOB TITLE & DUTIES
Mo. / Yr.	Mo. / Yr.	Name			
		Address			
Starting Salary	Final Salary	City	State	Zip	
		Supervisor			Reason for Leaving
FROM	TO	NAME AND ADDRESS OF EMPLOYER			JOB TITLE & DUTIES
Mo. / Yr.	Mo. / Yr.	Name			
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Mo. / Yr.	Mo. / Yr.	Name			
		Address			
Starting Salary	Final Salary	City	State	Zip	
		Supervisor			Reason for Leaving

**EDUCATION AND TRAINING**

Name of School and Address	No. of years	Course or major	Diploma / Degree

**PROFESSIONAL & TECHNICAL APPLICANTS ONLY**

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

Has any professional license of your, 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:  Yes  No  
 If yes, explain: \_\_\_\_\_

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
- Surgical I.C.U.
- 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) \_\_\_\_\_ 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?

- 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 the 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 the 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 \_\_\_\_\_

