

GOOD NEIGHBOR HOMES, INC.

Employment Application

Good Neighbor Homes, Inc. is an Equal Opportunity Employer and does not discriminate because of race, color, age, sex, religion, national origin, disability, veteran's status, marital status, or other status protected by law. It is the policy of Good Neighbor Homes, Inc. to recruit, hire, promote for all job classifications on the basis of merit, qualifications and competence. This applies to all categories of employment.

POSITION

Date _____ Position Applying For _____

Supervisor Direct Support Professional Date Of Hire ___/___/___

Years of Related Experience _____ Date Available _____

PERSONAL

Last Name _____ First _____ Middle _____

Address _____ City _____

State _____ Zip _____ Telephone _____

Alternate Telephone _____ Emergency Number _____

Please select which area(s) you are available to work in: Tri-Cities/Chesterfield ___ Richmond/ Henrico/Hanover ___
Chesapeake/Va. Beach _____

Date of Birth ___/___/___

Are you currently involved in any form of drug or alcohol abuse? Yes No

If yes, please describe _____

Is there any reason you would be unable to perform all of the physical duties of the position of which you have applied?

Yes No

If yes, please describe _____

Have you ever been discharged or asked to resign by an employer? Yes No

If yes, please explain reason(s) _____

Are you lawfully authorized to work in the United States? Yes No

Have you ever committed, been convicted of, plead guilty to, or plead nolo contendere to a felony or a misdemeanor (excluding traffic violations) in Virginia or outside of the jurisdiction of Virginia? Yes No

If yes, please describe _____

Have you ever worked for an Adult ID Group Home before? Yes No Please List Names _____

PERSONAL/PROFESSIONAL/TECHNICAL REFERENCES

Name	Address	Business or Position	(Area Code) Telephone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EDUCATION

Name	City	State	Major Course (Subject)	Last Level Completed	Degree
High School or Preparatory	_____	_____	_____	_____	_____
College	_____	_____	_____	_____	_____
Graduate Work	_____	_____	_____	_____	_____
Business School or Technical School	_____	_____	_____	_____	_____

Training and Certificate Information

_____	_____
CPR and First Aid Date	Expiration Date
_____	_____
Medication Management	Expiration Date
_____	_____
Behavioral Intervention ex. (TOVA)	Expiration Date

EMPLOYMENT HISTORY (Mental Health/Health Care related experience only)

_____ (_____) _____	_____ (_____) _____
Employer Name Telephone	Employer Name Telephone
_____	_____
Address City State ZIP	Address City State ZIP
_____	_____
Position Held Start Salary Ending Salary	Position Held Start Salary Ending Salary
_____	_____
Nature of Duties _____	Nature of Duties _____
_____	_____
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving _____	Reason for Leaving _____
_____ to _____	_____ to _____
Immediate Supervisor Telephone Employed from	Immediate Supervisor Telephone Employed from

READ CAREFULLY

In the event my application is accepted for consideration, I authorize an investigation of all statements contained in this application. I also hereby release any and all persons, companies, or agencies responding to such investigation from any damage due to releasing any information they have regarding me, whether or not it is in their records, pertaining hereto. I understand that all reference information provided will be kept confidential.

I understand successful completion of the matters set forth above is a prerequisite to employment or continued employment. I swear and affirm that the information contained in this application is true and accurate. I further understand that misrepresentation of facts asked for on this application will generally result in my application not being further considered by Good Neighbor Homes, Inc. and / or will generally result in dismissal from employment no matter when discovered.

I understand that nothing contained in this employment application is intended to create an employment contract between me and Good Neighbor Homes, Inc. If at some point an employment relationship is established, I also understand that my employment status will be at will, which means that my employment may be terminated by me or Good Neighbor Homes, Inc. at any time, for any reason. If I am employed, I agree to comply with all of the rules and regulation of Good Neighbor Community Services, Inc.

Are you currently under a physician's care or currently taking any medication? Yes No

Do you understand that due to your occupational exposure to blood or other potentially infectious material, you may be at risk of acquiring Hepatitis-B Virus (HBV) infection and that Good Neighbor Homes, Inc. recommends that you should consider being vaccinated before beginning employment? Yes No

I have received my copy of the Good Neighbor Homes, Inc. Handbook and agree to read it and keep it for reference. I understand that this booklet is intended as a guide for personnel policies and benefits, and general information, and that it is not intended to be an inclusive, not a contract for employment.

I further understand that management reserves the right to make changes in these guidelines or in their application as deemed necessary and / or appropriate. I understand that these changes can be made without notice to employee.

I understand I may receive disciplinary action up to and including termination for violating policies and / or procedures contained in this handbook.

EMPLOYEE SIGNATURE

DATE