



3615 W. Main Street, P.O. Box 3240
Salem, Virginia 24153
(540) 444-4246
www.richfieldretirement.com

Equal Opportunity Employer

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APPLICATION FOR EMPLOYMENT

Print Name Social Sec. No.
First Middle Last

Address No. Street City State Zip Code

Date of Application Shift Preference Type of Employment Telephone Number
(H)
(C)

PERSONAL INFORMATION

Are you under 18 years of age? () Yes () No
If yes, employment is subject to verification that you are of minimum legal age.
Position(s) applying for Date available for employment
Can you, after employment, submit verification of your legal right to work in the U.S.? () Yes () No
Have you applied for employment with us before? If yes, when?
Have you ever worked here? If yes, from to
How were you referred to us? () Internet () Newspaper ad () Walk-in () Job Fair
() Employee referral: employee name: () Other
Do you understand that you will be required to work holidays and/or weekends? () Yes () No
Have you ever been discharged or asked to resign from a position? If yes, explain

Is anyone related to you employed by Richfield? () Yes () No
If yes, please give their name and relationship to you.
Have you ever pled guilty or been convicted of a felony (either state or federal) or a misdemeanor? A conviction will not automatically bar you from employment unless the crime is a "barrier crime" as set forth under Virginia law. Please provide the data of the conviction, nature of the offense, court location and disposition. The relationship of the crime to the job sought will be considered in determining eligibility for employment. This information will be kept confidential. () Yes () No
If yes, please give details below.

EDUCATION

School	Name & Address of School	Course of Study	Circle Yrs. Attended	Did You Graduate?	List Diploma or Degree
Elementary or High School		xxxxxxx	1 2 3 4 5	Yes () No ()	
College			1 2 3 4 5	Yes () No ()	
Other			1 2 3 4 5	Yes () No ()	

List any professional licenses, registrations or certificates you possess. *(Include driver's license if applicable.)*

Type	State Issued	Expiration Date	Number

EXPERIENCE

Starting with the most current, describe all paid, military and applicable voluntary experience. Describe the knowledge, skills and abilities that demonstrate your qualifications for this position. Use additional attachments if necessary.

A Employer _____ Duties _____
 Job Title _____
 Address _____
 Phone _____
 Type of Business _____
 Immediate Supervisor _____ Number employees supervised _____
 Title _____ **May we contact** _____
 Salary (Start) _____ Salary (Final) _____ Reason for Leaving _____
 Start Date (mm/yy) _____ End Date (mm/yy) _____ **Name, if different** _____

B Employer _____ Duties _____
 Job Title _____
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 Phone _____
 Type of Business _____
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If you need additional space for employment history, please detail in the space below. Be sure and list the name of the employer and the dates worked.

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experience.

REFERENCES

List four persons **who are not related to you** who know your qualifications or your character.

Name	Address	Phone	Relationship	Occupation

JOB APPLICANT'S AGREEMENT, CERTIFICATION & RELEASE OF INFORMATION

The facts set forth above in my application for employment are true and complete. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal if and when discovered.

I hereby irrevocably appoint any officer or administrator of Richfield as my agent with full authority to request, inspect, copy and otherwise have access to the following information on my behalf and in my stead to the extent that such information may relate to my past, present or future employment.

1. All personal information and records now or hereby maintained by any agency of the State of Virginia or the United States in any existing or future information system within the meaning of the Federal Privacy Act of 1974 and the Virginia Privacy Protection Act of 1978 as the same may be amended from time to time.
2. All official records maintained by any agency or public body of the State of Virginia or the United States within the meaning of the Federal and Virginia Freedom of Information Act, as the same may be amended from time to time.
3. All records maintained by my present or past employers relating to my employment.

I agree to be employed on a 90 calendar days' introductory period and that during this time I may be released or may resign without any bad effect on my employment record. In the event of employment, I understand that my employment is terminable at will any time for any reason during or after the introductory period. I agree to submit to a physical examination whenever requested and, if employed, I agree to abide by all present and subsequently issued personnel policies and rules of Richfield. I further understand that I must satisfy the requirements of a pre-employment or post offer drug screening process. I give permission for the facility to contact any person or agency mentioned by individuals listed as my references on my application for employment.

Signature of Applicant