



The Place Where Love Never Grows Old

Application for Employment

Dear Applicant,

Thank you for your interest in employment at Saint Francis Home. It is our policy to provide equal employment opportunities to all qualified persons without regard to race, color, sex, age, national origin, ancestry, physical or mental disability, or veteran status.

Saint Francis Home is a non-profit and non-sectarian Assisted Living Facility established and owned by the Catholic Diocese of Richmond to serve older adults of limited means. The Home offers high quality residential and assisted care and services designed to promote physical, mental, emotional, and spiritual well-being in a home-like environment where independence, dignity and self-worth are nurtured.

The law prohibits licensed assisted living facilities from hiring any individuals convicted of barrier crimes. Therefore, as part of this application process you will need to complete a sworn disclosure statement disclosing any criminal convictions or pending criminal charges, whether within or outside the Commonwealth of Virginia. A listing of barrier crimes can be located at this [link \(https://www.dss.virginia.gov/files/division/licensing/adcc/intro_page/current_providers/background_investigations/barrier_crimes_numerical_order.pdf\)](https://www.dss.virginia.gov/files/division/licensing/adcc/intro_page/current_providers/background_investigations/barrier_crimes_numerical_order.pdf).

Saint Francis Home's employment standards include the following.

- Employees must adhere to the highest ethical and legal standards, consistent with the policies of the Saint Francis Home, which have been developed, in part, based on Catholic teachings.
- It is the responsibility of every employee to be honest and forthright in all individual and organizational business practices and to comply with all laws and regulations that govern the Home's actions.
- Employees are representatives of Saint Francis Home and are to be courteous and respectful of others, conduct themselves in a moral manner, and maintain a social presence in their public lives consistent with commonly accepted norms and teachings of the Catholic Church.
- It is the responsibility of every employee to maintain a positive, cheerful attitude.

Should you be offered a position it will be pending several required actions. A criminal background check will be conducted and you will need to submit to a tuberculosis or ppd screening. Once cleared through both of those processes a firm offer of employment can be extended. At that time, you should be prepared to provide proof of eligibility to work in the U.S.

Please sign below indicating that you have read the above information and are interested in pursuing a job at Saint Francis Home. We look forward to receiving your application.

Applicant's Printed Name: _____ Date: _____

Applicant's Signature: _____



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Date _____ Phone # _____ Cell Yes No

Last Name _____ First _____ Middle _____

Street Address _____

City _____ State _____ Zip _____

Email Address _____

Are you eligible for employment in the U.S.? (Proof of employment eligibility will be required for employment.) Yes No

Employment Desired

Position applied for _____

How did you hear of this opening? _____

Are you looking for full-time or part-time employment? Full-time Part-time

What hours are you available? _____

Are you willing to work evening and/or night shift? Evening Night

Will you relocate? Yes No

Are you willing to travel? Yes No If yes, what percent _____

Date you can start _____ Desired starting salary _____

Please list applicable skills _____

Have you ever before applied for employment at Saint Francis Home? Yes N

When? _____ Where? _____

Have you ever before been employed by Saint Francis Home? Yes No

When? _____ Where? _____



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Education

School Name and Location	Year	Major	Degree
--------------------------	------	-------	--------

High School _____	_____	_____	_____
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College _____	_____	_____	_____
---------------	-------	-------	-------

College _____	_____	_____	_____
---------------	-------	-------	-------

Post-College _____	_____	_____	_____
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Other Training _____	_____	_____	_____
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Please list any scholastic honors received and offices held in school. _____

Are you planning to continue your studies? Yes No

If yes, where and what courses of study? _____

In addition to your work history, are there are other skills, qualifications, or experience that we should consider? _____



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Employment History (Start with most recent employer)

Company Name _____

Address _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____

May we contact? Yes No

Responsibilities _____

Reason for leaving _____

Company Name _____

Address _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____

May we contact? Yes No

Responsibilities _____

Reason for leaving _____

Company Name _____



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Address _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____

May we contact? Yes No

Responsibilities _____

Reason for leaving _____

Company Name _____

Address _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____

May we contact? Yes No

Responsibilities _____

Reason for leaving _____



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References

List three professional references, not related to you, who have known you for more than one year.

Name _____ Phone _____ Years Known _____

Email Address _____

Name _____ Phone _____ Years Known _____

Email Address _____

Name _____ Phone _____ Years Known _____

Email Address _____

Please Read Before Signing:

I certify that all information provided by me on this application is true and complete to the best of my knowledge and that I have withheld nothing that, if disclosed, would alter the integrity of this application.

I authorize my previous employers, schools, or persons listed as references to give any information regarding employment or educational record. I agree that Saint Francis Home and my previous employers will not be held liable in any respect if a job offer is not extended, or is withdrawn, or employment is terminated because of false statements, omissions, or answers made by myself on this application. In the event of any employment with Saint Francis Home, I will comply with all rules and regulations as set by the SFH in any communication distributed to the employees.

I understand that employment at Saint Francis Home is "at will," which means that either I or SFH can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I hereby acknowledge that I have read and understand the above statements.

Signature _____ Date _____

Mail Completed Application to:

Saint Francis Home

Human Resources

65 West Clopton Street | Richmond, VA 23225

Email address: Employment@saintfrancishome.com

Phone: (804) 231-1043



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To the Applicant:

Section 63.2-1720 of the Code of Virginia requires that any person desiring work at a licensed assisted living facility or licensed adult day care center provide the hiring facility or center with a sworn disclosure statement or affirmation disclosing any criminal convictions or pending criminal charges, whether within or outside the Commonwealth of Virginia.

The law prohibits licensed assisted living facilities and licensed adult day care centers from hiring any individuals convicted of a barrier crime (specified below). However, applicants convicted of one misdemeanor barrier crime not involving abuse or neglect may be hired if five years has elapsed since the conviction.

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

Further dissemination of the information provided on this form is prohibited other than to the Commissioner's representative or a federal or state authority or court as may be required to comply with an express requirement of law for such further dissemination.

1. _____
Last Name First Middle Maiden SSN

Address City State Zip Code

Date of Birth: _____ Race: _____ Sex: F M

2. Have you ever been convicted of a law violation(s) but excluding offenses committed before your eighteenth birthday that were finally adjudicated in a juvenile court or under a youth offender law? yes no

If yes, List all and explain

3. Are you the subject of any pending criminal charges? yes no

If yes, List all and explain

4. I hereby affirm that the information provided on this form is true and complete, and I agree and understand that any falsification 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.

Applicant's Signature _____ Date: _____



COVID – 19 Staff Screening Tool

- 1. Have you been vaccinated for COVID-19? YES or NO (If Yes, when?) _____
- 2. Have you traveled to or lived in any other states or countries within the past 14 Days? YES or NO (If Yes, where?) _____
- 3. Have you had contact or live with anyone who has traveled to or lived in any other states or countries within the past 14 Days? YES or NO (If Yes, where?) _____
- 4. Have you had contact with anyone suspected of having the CoronaVirus (COVID 19) within the last 14 Days? YES or NO
- 5. Have you worked within a facility / organization that has been affected by the CoronaVirus (COVID 19)? YES or NO

6. Do you or have you had (within the past 48 hours) any of the following:	Yes	No
Fever?		
Chills?		
New or worsening cough?		
Shortness of breath?		
Sore throat?		
Runny or stuffy nose?		
Muscle pain?		
New Loss of Taste?		
Flu like symptoms?		

I confirm that the above statements are true to the best of my knowledge. I understand that I may be required to undergo further medical screening in order to determine if I can safely perform the essential functions of my position or without posing a direct threat of harm to myself or others at the community.

I understand that if any of the above criteria changes for me personally, I will alert my Supervisor immediately.

Print Name

Staff Signature

Date: