

THE ARC OF GREATER PRINCE WILLIAM/INSIGHT, INC.

13505 Hillendale Dr.
Woodbridge, VA 22193
703-730-9371
Human Resources FAX 703-897-7235
Human Resources: hr@arcgpw.org
On the Web @: www.arcgpw.org

APPLICATION FOR EMPLOYMENT:

PLEASE PRINT CLEARLY

| | | | |
|-----------------------|--------|---|---------------------|
| POSITION APPLIED FOR: | | Full time ____ Part time ____ | DATE OF APPLICATION |
| LAST NAME | | FIRST NAME | MIDDLE INITIAL |
| ADDRESS | | CITY | STATE ZIP |
| HOME # | CELL # | OTHER # | |
| EMAIL ADDRESS | | SOCIAL SECURITY # LAST FOUR ONLY XXX-XX- | |

| | | |
|--|--|--------------|
| PERSON TO CONTACT IN CASE OF EMERGENCY: | | |
| LAST NAME | | FIRST NAME |
| CONTACT NUMBERS HOME | | RELATIONSHIP |
| CELL | | |

Is there another name you have used for employment that would assist us in checking references?

YES NO

If yes, please list _____

Have you ever been employed by INSIGHT, Inc.?

YES NO

If yes, please list dates _____

Which program? _____ Position _____

Why did you leave? _____

Are you related to any current employees of INSIGHT, Inc.?

YES NO If yes, give name, relationship and program.

| Name | Relationship | Program |
|------|--------------|---------|
|------|--------------|---------|

Are you authorized for employment in this country? YES NO

(Proof of U.S. citizenship or immigration status will be required upon employment.)

Have you ever been dismissed or forced to resign or have you ever resigned in order to avoid being dismissed?

YES NO If yes, please lists all dates and explanation. _____

In Virginia, or any other location,

Have you ever been or are you presently the subject of any complaint of abuse or neglect? YES NO

If yes, please list all cases, dates, and explanation. _____

Have you ever been convicted of or are you the subject of pending charges for any offense, including moving

traffic violations? YES NO If yes, please list all cases, dates, and explain. _____

Have you been driving 3 years or longer with a valid U.S. Driver's License? YES NO

Do you have a valid driver's license? YES NO What state? _____

Date of Issue _____ License Number _____ Exp.Date _____

Please be advised that Human Resources may review the Applicant's driving record directly from the Virginia DMV to determine if driving record is acceptable for employment as per agency insurance requirements. This is required for all Direct Care Positions.

How did you hear of the position you are applying for? (Check one, please):

- Friend _____
- Internet (which site?) _____
- Employee Referral _____
- Other _____

What interested you in applying for this position?

EDUCATIONAL BACKGROUND

| LEVEL | DID YOU GRADUATE? | DEGREE/MAJOR | SCHOOL NAME: | LOCATION (CITY/STATE) |
|----------------------|-----------------------|--------------|--------------|-----------------------|
| HIGH SCHOOL | YES _____ NO _____ | | | |
| TRADE / BUSINESS | YES _____ NO _____ | | | |
| COLLEGE / UNIVERSITY | YES _____ NO _____ | | | |
| GRADUATE/ OTHER | YES _____ NO _____ | | | |

In the space provided, list any job-related professional organizations to which you belong, honors or awards you have received, etc. or other experiences relevant to the position for which you have applied.

Summarize special skills and qualification acquired from employment or other experience that may qualify you for the work with our agency. _____

EMPLOYMENT EXPERIENCE

List the last 10 years' work experience beginning with the most recent. Please do not submit a resume in lieu of this portion of the application. List employers, assignments or volunteer activities starting with the most recent, including military experiences. Explain any gaps in employment in the comment section.

| EMPLOYER | TELEPHONE | Dates employed (Mo. /Yr.) | | Summarize the nature of the work performed and job responsibilities |
|--|-----------|---------------------------|-----|---|
| | | From | To | |
| ADDRESS | | | | |
| JOB TITLE | | Hourly Rate / Salary | | |
| | | Starting | | |
| IMMEDIATE SUPERVISOR | TELEPHONE | \$ | per | |
| SUPERVISOR'S EMAIL ADDRESS: | | Hourly Rate / Salary | | |
| | | Final | | |
| REASON FOR LEAVING | | \$ | per | |
| MAY WE CONTACT YOUR CURRENT EMPLOYER? Yes <input type="checkbox"/> No <input type="checkbox"/> Later Date _____ | | | | |

| | | | | |
|--------------------------------|--------------------------|---------------------------|--------------------------|---|
| EMPLOYER | TELEPHONE | Dates employed (Mo. /Yr.) | | Summarize the nature of the work performed and job responsibilities |
| | | From | To | |
| ADDRESS | | | | |
| JOB TITLE | | Hourly Rate / Salary | | |
| | | Starting | | |
| IMMEDIATE SUPERVISOR | | TELEPHONE | | |
| SUPERVISOR'S EMAIL ADDRESS: | | Hourly Rate / Salary | | |
| | | Final | | |
| REASON FOR LEAVING | | \$ | per | |
| MAY WE CONTACT FOR REFERENCES? | | | | |
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | |
| Later Date _____ | | | | |

| | | | | |
|--------------------------------|--------------------------|---------------------------|--------------------------|---|
| EMPLOYER | TELEPHONE | Dates employed (Mo. /Yr.) | | Summarize the nature of the work performed and job responsibilities |
| | | From | To | |
| ADDRESS | | | | |
| JOB TITLE | | Hourly Rate / Salary | | |
| | | Starting | | |
| IMMEDIATE SUPERVISOR | | TELEPHONE | | |
| SUPERVISOR'S EMAIL ADDRESS: | | Hourly Rate / Salary | | |
| | | Final | | |
| REASON FOR LEAVING | | \$ | per | |
| MAY WE CONTACT FOR REFERENCES? | | | | |
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | |
| Later Date _____ | | | | |

| | | | | |
|--------------------------------|--------------------------|---------------------------|--------------------------|---|
| EMPLOYER | TELEPHONE | Dates employed (Mo. /Yr.) | | Summarize the nature of the work performed and job responsibilities |
| | | From | To | |
| ADDRESS | | | | |
| JOB TITLE | | Hourly Rate / Salary | | |
| | | Starting | | |
| IMMEDIATE SUPERVISOR | | TELEPHONE | | |
| SUPERVISOR'S EMAIL ADDRESS: | | Hourly Rate / Salary | | |
| | | Final | | |
| REASON FOR LEAVING | | \$ | per | |
| MAY WE CONTACT FOR REFERENCES? | | | | |
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | |
| Later Date _____ | | | | |

| | | | | |
|--------------------------------|--------------------------|---------------------------|--------------------------|---|
| EMPLOYER | TELEPHONE | Dates employed (Mo. /Yr.) | | Summarize the nature of the work performed and job responsibilities |
| | | From | To | |
| ADDRESS | | | | |
| JOB TITLE | | Hourly Rate / Salary | | |
| | | Starting | | |
| IMMEDIATE SUPERVISOR | | TELEPHONE | | |
| SUPERVISOR'S EMAIL ADDRESS: | | Hourly Rate / Salary | | |
| | | Final | | |
| REASON FOR LEAVING | | \$ | per | |
| MAY WE CONTACT FOR REFERENCES? | | | | |
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | |
| Later Date _____ | | | | |

For additional employers – attach a separate piece of paper to the application.

Comments (including explanation of gaps in employment): _____

REFERENCES

Please be advised that supervisors listed above may be contacted. Please provide the contact information for three (3) additional business/work references who are NOT related to you and NOT previous supervisors. If not applicable, use school or personal references who are NOT related to you. All references should have knowledge of your qualifications. Please complete as fully and accurately as possible.

| Name | Daytime Telephone Number | Relationship | Years known |
|------|--------------------------|--------------|-------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |

INSIGHT, INC.

13505 Hillendale Drive
Woodbridge, VA 22193
(703) 670-4800 HR Fax # (703) 897-7235

I authorize INSIGHT, Inc. to communicate with all my former employers, school officials and persons named as references. I authorize all former employers and references to provide any information they may have regarding my performance and character. I hereby release all employers; schools and individuals from any liability for any damage whatsoever resulting from giving such information

Signature of Applicant

Date

We are an Equal Opportunity Employer and consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

APPLICANT'S STATEMENT

I certify that, to the best of my knowledge and belief, the answers given by me to the foregoing questions and the statements made by me in this application are correct and complete. I authorize investigation of all statements contained in this application as may be necessary in arriving at an employment decision which includes obtaining references from current and former employers.

I understand that if I am hired for a position, I will be required to have my fingerprints taken. I will also be asked to provide certain other information so that a comprehensive criminal background record check may be conducted. In the event that my record contains any element that INSIGHT, Inc. finds objectionable or if any information is not consistent with what I report in my employment application, I understand I may be discharged immediately.

I understand that neither this document nor any offer of employment from the employer constitutes a contractual obligation upon the employer to continue to employ me in the future.

I understand that any false information contained in this application may result in my discharge.

I understand that as this organization deems necessary, I may be required to work overtime hours or hours outside a normally defined work day or work week and meet certain training requirements.

I understand that INSIGHT, Inc. is an "At-Will" employer and if hired, my employment can be terminated with or without notice at any time, for any reason. I also understand that no management official is authorized to make any assurance or promise of continued employment, and that any such pledge or agreement related to continued employment must be in writing and signed by the Executive Director.

My signature indicates that I have read and understand the above statement.

Signature of Applicant

Date

INSIGHT, Inc.
NOTIFICATION OF EMPLOYMENT REQUIREMENTS

To be considered for employment applicants will be required to submit the following document with application: Applicant must have been driving for (3) three years or more, learner's permit not included for driving experience.

- A Department of Motor Vehicles (DMV) driving record within the United States (acceptable to agency insurance standards) and no older than 60 days.

Applicants will be required at the time of hire to submit the following documents:

- Valid Employment Eligibility Verification
- Valid Virginia Drivers License
- A driving record report from the state of Virginia

Upon acceptance of a residential position, applicants will have the following:

- Tuberculosis screening/testing within (5) five days of hire
- Criminal Background Check & Child Protective Services Background Check
Must be found eligible for employment per the Department of Behavioral Health and Developmental Services Background Investigations Unit

In addition, within one month of hire, each applicant must complete all agency trainings including, but not limited to the following:

- Agency Orientation
- OSHA (Infection Control) Training
- Introduction to Intellectual Disabilities
- Human Rights
- CPR/AED, First Aid
- Documentation Training
- TOVA (Therapeutic Options of Virginia)
- Virginia State Medication Training
- Medical Interventions
- Van Training
- Skills Training
- Food Handling

A passing grade in the above-mentioned trainings must be acquired within the first 30 days of hire. Un-insurability (financial/motor vehicle/personal) or unreasonable health examination findings may limit an applicant's consideration for a residential position or be grounds for immediate dismissal from employment with INSIGHT, Inc.

I have had the conditions for employment explained to me and have had any questions answered to my satisfaction and understanding.

Signature of Application

Date

Hours of Availability

Please write below what days and hours you are available to work as well as what days and hours you are not able to work. You are required to sign this form stating the hours you are available. We offer numerous shifts throughout the day and weekend. If you are interested in working full time you will be required to work at least one weekend shift.

(PLEASE MARK ALL THAT APPLY)

Full Time

Part Time

Weekends

Overnights

Mornings

Evenings

Substitute/On Call List hours/days available: _____

DATE AVAILABLE TO START: _____

By signing below you are agreeing to the hours stated above.

Printed Name

Signature

Date