

Notice to Applicants

If you require an accommodation because of a physical or mental disability in order to participate in any phase of the application process, please make that fact known to the individual processing your application.

If you are required to take any pre-employment screening tests, and you require an accommodation because of a physical or mental disability to enable you to take or successfully complete such a test, please make that fact known in advance to the test administrator.

If an offer of employment is made and, because of a physical or mental disability, you will need an accommodation to perform any essential job functions, please make that fact known to the individual processing your application.

Signature

Date

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Date _____

Name _____
Last First M.I. Social Security Number

Address _____
Email address

City, ST Zip _____

Home Phone (____) _____ Cell Phone (____) _____

Are you 18 years or older? ☐ Yes ☐ No

Are you a citizen of the United States of America? ☐ Yes ☐ No If no: _____
Alien Registration Number

DESIRED EMPLOYMENT

☐ Companion ☐ Housecleaning ☐ Office _____
☐ Driver/ Transportation ☐ Management _____ ☐ Therapist _____
☐ Home Health Aide (see below) ☐ Nurse: RN / LPN (circle one) ☐ Other _____

Home Health Aide Applicants only

Have you completed formal (120 hr) Nurse's Aide Training?

☐ Yes ☐ No

Do you have a current C.N.A. license?

☐ Yes ☐ No

Date You Can Start _____ Salary Desired _____

Who referred you to Generation Solutions? (please specify)

☐ Advertisement _____ ☐ Nurse Aide Class _____
☐ Friend/ Family _____ ☐ Agency/ Other _____

EDUCATION

School Level	Name and Location of School	No. of Yrs. Attended	Did you Graduate? If so list degree or certificate	Subjects Studied
High School				
College				
Other (Specify)				

GENERAL

Subjects of Special Study or Training: _____

Training in Geriatric Care: _____

Special Skills (i.e. computer literacy, keyboarding speed, etc.): _____

SERVICE RECORD

Branch of Service	Yrs. of Service	Rank	Discharge:
			<input type="checkbox"/> Honorable <input type="checkbox"/> Dishonorable

EMPLOYMENT HISTORY

Have you ever applied to Generation Solutions? ☐ Yes ☐ No Where? _____ When? _____

Have you ever worked for Generation Solutions? ☐ Yes ☐ No Where? _____ When? _____

Reason for leaving your employment with Generation Solutions _____

Other names used during your employment, education, or military service: _____

Are you currently employed? ☐ Yes ☐ No If Yes, may we inquire of your present employer? ☐ Yes ☐ No

Most Recent Employer _____ **Job Title** _____

Address _____

City, ST Zip _____

Starting Date _____

Leaving Date _____

Name of Supervisor/ Title _____

Description of Work _____

Reason for Leaving _____

Phone _____

Starting Salary _____

Final Salary _____

Previous Employer _____ **Job Title** _____

Address _____

City, ST Zip _____

Starting Date _____

Leaving Date _____

Name of Supervisor/ Title _____

Description of Work _____

Reason for Leaving _____

Phone _____

Starting Salary _____

Final Salary _____

Previous Employer _____ **Job Title** _____

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Reason for Leaving _____

Phone _____

Starting Salary _____

Final Salary _____

PERSONAL REFERENCES

Please give the names of three persons to whom you are not related, whom you have known at least three years.
Do not duplicate business references.

Name	Address	Phone No.	Years Acquainted
		()	
		()	
		()	

In case of an emergency, please notify:

Name: _____

Relationship: _____

Address: _____

Phone 1: _____

City, ST Zip: _____

Phone 2: _____

LICENSURE

Please list any license, certification, or registration earned relevant to the position for which you are applying.

License/ Certification/ Registration	State	Number	Expiration Date

If you do not have a required license, have you applied? ☐ Yes ☐ No Scheduled exam date: _____

If not licensed in this state, have you applied for reciprocity? ☐ Yes ☐ No

DISCLOSURE STATEMENT

Have you been convicted, or are you subject to pending charges of a felony or an offense involving drugs/ narcotics, theft, financial dishonesty, inflicting bodily injury, or the abuse of aged/ incapacitated adults? ☐ Yes ☐ No

Have you ever been excluded from federally funded programs, or are you currently the focus of an investigation that could result in exclusion from federally funded programs? ☐ Yes ☐ No

If yes to either of the above questions, explain fully: _____

CONDITIONS OF EMPLOYMENT

If hired, your offer of employment is contingent upon a satisfactory drug test result and criminal background check. Proof of your identity and employment eligibility in the United States must be established by appropriate documentation at the time you begin work.

Generation Solutions, Inc. is an equal opportunity employer and does not discriminate against applicants or employees on the basis of sex, race, color, religion, national origin, disability, citizenship, ancestry, age, marital status, genetic information, physical or mental disability, or past, present, or future service in the Uniformed Services of the U.S., or any other legally protected status. Generation Solutions operates under an Employment at Will Policy. Employment by Generation Solutions does not confer any contractual right, either expressed or implied, to remain in Generation Solutions' employ; nor does it guarantee any fixed terms and conditions of employment. Employment is not for any specific time and may be terminated at will, with or without cause, and without prior notice.

AVAILABILITY

Name _____

Date _____

Please indicate the days and times you are available to work. *Please indicate a.m. or p.m.*

	Begin Time	to	End Time		Begin Time	to	End Time
Monday	_____		_____	Saturday	_____		_____
Tuesday	_____		_____	Sunday	_____		_____
Wednesday	_____		_____	<input type="checkbox"/> Every Sat / Every Sun (circle one or both)			
Thursday	_____		_____	<input type="checkbox"/> Every other Saturday & Sunday			
Friday	_____		_____	<input type="checkbox"/> Not available on weekends			

Please indicate the number of hours you desire to work each week: _____

Do you have commitments to another employer, which may affect your availability? ☐ Yes ☐ No

If yes, please specify: _____

Do you have a current driver's license? ☐ Yes ☐ No

Do you have an automobile to drive to and from work? ☐ Yes ☐ No

If no, how will you commute to and from work? _____

Comments regarding availability to work: _____

AUTHORIZATION

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release Generation Solutions from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of Generation Solutions has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is signed by an authorized company representative.

I agree not to provide private services to any client of the Generation Solutions office for which I am employed, either during my employment with Generation Solutions or for a period of one year after my termination of employment with Generation Solutions. I understand that engaging in such activity will result in my being disqualified for rehire with Generation Solutions. Such activity will also result in a monetary penalty assessed the client.

Signature of Applicant _____

Date _____

FOR INTERVIEWER'S USE ONLY

Interviewer/ Title: _____

Date _____

Comments:

EMPLOYMENT REFERENCE CHECK

TO BE FILLED OUT BY THE APPLICANT:

I have made application for employment with the employer listed below. I hereby request and authorize you to furnish the employer below with any information concerning my employment records, character, habits, and ability. I do hereby release the addressed entity and all individuals concerned from any claims, suits and liabilities for any damage whatsoever resulting from their actions and conduct in responding to this request and the giving of such information

Name While in Your Employ: _____
Social Security Number: _____
Dates of Employment: _____
Signature: _____ Date: _____

TO: PERSONNEL DEPARTMENT

COMPANY: _____

ADDRESS: _____

FROM: ☐ Generation Solutions, Inc.
1032 Claymont Drive
Lynchburg, VA 24502
ATT: Administrative Services
Phone: (434) 455-6500
FAX: (434) 455-6511

☐ Generation Solutions of Roanoke, Inc
3825 Electric Rd. Ste A
Roanoke, VA 24018
ATT: Administrative Services
Phone: (540) 776-3622
FAX: (540) 776-0694

TO BE FILLED OUT BY PREVIOUS EMPLOYER:

Please verify above dates of employment:

☐ Accurate ☐ Correction _____

Please rate the applicant's performance in the following areas:

	Above Average	Average	Below Average	Comments
Attendance				
Cooperation				
Job Knowledge				
Initiative				
Productivity				
Reliability				
Quality of Work				

Would you rehire the applicant? ☐ Yes ☐ No

What was the applicant's reason for leaving? _____

Completed by _____ Position _____ Date _____

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