

In order to receive full consideration for employment opportunities at Falcons Landing, please be certain to fill in all spaces on the application form. If any information is missing, the application may be rejected. Your application will remain active for 90 days.

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# Employment Application



## FALCONS LANDING

*Common Bonds. Extraordinary Living.*

Falcons Landing  
20522 Falcons Landing Circle  
Sterling, VA 20165-7502

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Human Resources: (703) 404-5140/5136  
FAX: (703) 404-5138  
EMAIL: [Jobs@FalconsLanding.org](mailto:Jobs@FalconsLanding.org)  
WEB: [www.FalconsLanding.org](http://www.FalconsLanding.org)

**An Equal Opportunity Employer**

General Information

Name

Last

First

Middle

Social Security Number

Address

Street

Area Code

Home Phone

City

State

Zip Code

Area Code

Alternate Phone

Position Desired

Date Available

Preferred Work Schedule

☐ Full Time

☐ Part Time

Hours / Week

— Shift Preference (Number boxes in order of preference)

☐ Days

☐ Evenings

☐ Nights

Salary Requirement

\_\_\_\_\_ Hr./Mth./Yr.

Recruitment / Referral or Source

☐ Ad seen. Where?\_\_\_\_\_

☐ Other Source\_\_\_\_\_

Are you legally eligible for employment in this country?

☐ Yes

☐ No

Education

Institution (Name, City, State)	Course or Major	From	To	Degree
High School:				
College/University:				
Other schools or training (e.g., trade, vocational, medical/secretarial, Armed Forces or business):				
Are you pursuing a course of study now? <input type="checkbox"/> No    If yes, enter institution and subject.	<input type="checkbox"/> Yes			

Professional

Professional License(s), Registration(s) and Certificate(s)

List Licenses or Certificates	State	Number	Year Certified/Expiration

Professional Associations and Membership status

Professional References

Name	Organization/Address	Phone	Title

# Employment History

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer. A resume may accompany this application but the employment history section must be completed.

May inquiry be made of your present employer regarding your character, qualifications, and record of employment? ☐ Yes ☐ No

Dates of Employment From ____ Mo. ____ Yr. To ____ Mo. ____ Yr.		Exact title or position		Salary
Name and address of employer (Firm, organization, etc.)		Telephone	Name and title of immediate supervisor	
Reason for leaving				
Description of work				

Dates of Employment From ____ Mo. ____ Yr. To ____ Mo. ____ Yr.		Exact title or position		Salary
Name and address of employer (Firm, organization, etc.)		Telephone	Name and title of immediate supervisor	
Reason for leaving				
Description of work				

Dates of Employment From ____ Mo. ____ Yr. To ____ Mo. ____ Yr.		Exact title or position		Salary
Name and address of employer (Firm, organization, etc.)		Telephone	Name and title of immediate supervisor	
Reason for leaving				
Description of work				

Dates of Employment From ____ Mo. ____ Yr. To ____ Mo. ____ Yr.		Exact title or position		Salary
Name and address of employer (Firm, organization, etc.)		Telephone	Name and title of immediate supervisor	
Reason for leaving				
Description of work				

# Skills

Please indicate skills or equipment you are capable of performing or operating			
Equipment / Skill	Kind / Type	Speed	Years Experience

# Affirmative Action Voluntary Information

We consider all applicants for positions without regard to race, color, religion, sex, age, national origin, ancestry, or physical or mental disability or any other protected status.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations which may apply, we invite you to complete this applicant data survey. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is *not* a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

PLEASE PRINT

Position(s) applied for \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## Referral Source

- ☐ Walk-in
- ☐ Employee
- ☐ Advertisement-Source \_\_\_\_\_
- ☐ Government Employment Agency
- ☐ Relative
- ☐ Private Employment Agency
- ☐ School
- ☐ Other \_\_\_\_\_

Name of person who referred you (if applicable) \_\_\_\_\_

## Applicant Information

Name \_\_\_\_\_  
Last First Middle

- ☐ Male
- ☐ Female

## Please check one of the following Equal Opportunity Identification Groups:

- ☐ White (not of Hispanic origin)
- ☐ Black (not of Hispanic origin)
- ☐ Hispanic
- ☐ American Indian/Alaskan Native
- ☐ Asian/Pacific Islander

## For Administrative Use Only

Hired ☐ Yes ☐ No

Position hired for \_\_\_\_\_

From the EEO job classifications listed below, which one best describes the position filled.

- ☐ Officials and Managers
- ☐ Sales Workers
- ☐ Operatives (semi-skilled)
- ☐ Professionals
- ☐ Office and Clerical Workers
- ☐ Laborers (unskilled)
- ☐ Technicians
- ☐ Craft Workers (skilled)
- ☐ Service Workers

Completed by \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## Additional Information

Can you safely perform the essential functions of the position for which you are applying? Answer yes or no.

Are you willing to take a physical examination and/or drug test at our expense upon a conditional offer of employment? Answer yes or no.

Have you ever been convicted of or sentenced for a felony? Answer yes or no. If yes, please explain.

Have you ever been sentenced by either a court or military tribunal due to a drug or narcotic related crime? Answer yes or no. If yes, please explain.

Have you ever been fired from employment for theft or for drug or narcotic related activities?

Have you ever been discharged or requested to resign from a position? Answer yes or no. If yes, please explain.

If you have relatives working at Falcons Landing, please indicate the following:

Name	Department	Relationship

## Supplemental Data

Summarize pertinent information that is not contained in other sections of this application. Include special recognition, honors, publications, research, and related activities. You may also provide any additional information or explanation that you wish the interviewer to consider.

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I certify that the information on this employment application is true and complete to the best of my knowledge. If hired, I understand that any misrepresented or willful omission of facts on this application shall be considered sufficient cause for dismissal. You are authorized to conduct investigations, including verification of prior employment history and education. I understand that employment is dependent upon satisfactory completion of a post-offer, pre-employment health / drug screening. (Physical disabilities will not be a determinant unless the candidate is not able to perform the essential functions of the job). I also understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

Signature

Date

**Falcons Landing does not discriminate against individuals because of race, color, religion, sex, age, national origin, ancestry, or physical or mental disability or any other protected status.**

**CRIMINAL HISTORY RECORD NAME SEARCH REQUEST****PURPOSE OF THIS REQUEST (Check only one):**

- ☐ DOMESTIC ADOPTION
 ☐ INTERNATIONAL ADOPTION \_\_\_\_\_ COUNTRY \_\_\_\_\_  
☐ VISA (INTERNATIONAL TRAVEL)
 ☐ OTHER (please specify) \_\_\_\_\_

**NAME INFORMATION TO BE SEARCHED:**

LAST NAME
FIRST NAME
MIDDLE NAME
MAIDEN NAME

RACE
SEX
DATE OF BIRTH
SOCIAL SECURITY NUMBER  
 / / (MM/DD/YYYY)

**AFFIDAVIT FOR RELEASE OF INFORMATION:**

I hereby give consent and authorize the Virginia State Police to search the files of the Central Criminal Records Exchange for a criminal history record and report the results of such search to the agent or individual authorized in this document to receive same.

State of \_\_\_\_\_ ☐ County ☐ City of \_\_\_\_\_; to wit: Subscribed and sworn to before me on: \_\_\_\_\_  
 (MM/DD/YYYY)  
 Signature of Notary Public \_\_\_\_\_ My commission expires: \_\_\_\_\_ My registration # is: \_\_\_\_\_

**SIGNATURE OF PERSON MAKING REQUEST:**

As provided in Section 19.2-389, Code of Virginia, I hereby request the criminal history record of the individual named above and swear or affirm I have the consent of the individual to obtain their record and will not further disseminate the information received, except as provided by law.

State of \_\_\_\_\_ ☐ County ☐ City of \_\_\_\_\_; to wit: Subscribed and sworn to before me on: \_\_\_\_\_  
 (MM/DD/YYYY)  
 Signature of Notary Public \_\_\_\_\_ My commission expires: \_\_\_\_\_ My registration # is: \_\_\_\_\_

**NAME AND MAILING ADDRESS OF AGENCY, INDIVIDUAL OR AUTHORIZED AGENT MAKING REQUEST:**

Mail Reply To:

NAME

ATTENTION

ADDRESS

CITY

STATE ZIP CODE

**FOR STATE POLICE USE ONLY – DO NOT WRITE BELOW THIS LINE**

Response based on comparison of name information submitted in request against a master name index maintained in the Central Criminal Records Exchange only.

- ☐ No Conviction Data – Does Not Preclude the Existence of an Arrest Record  
☐ No Criminal Record – Name Search Only
 ☐ No Criminal Record – Fingerprint Search  
☐ No Sex Offender Registration Record
 ☐ Criminal Record Attached

Purpose code: ☐ C  
☐ N  
☐ O

Date: \_\_\_\_\_ By CCRE/ \_\_\_\_\_

## ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate document entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by easyBackgrounds, Inc., PO Box 952, 10 Main Street, Newfields, NH 03856, 800-538-6525, [www.easybackgrounds.com](http://www.easybackgrounds.com) and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original. I also agree to receive all notices and documents related to this background check by electronic mail (email) to the extent permitted by governing federal, state and local law and regulations.

New York applicants only: Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law

Washington State applicants only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Minnesota and Oklahoma applicants only: Please fill this box if you would like to receive a copy of a consumer report if one is obtained by the Company. ☐

California applicants only: Under California Civil Code section 1786.22, you are entitled to find out what is in the CRA's file on you with proper identification, as follows:

- In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The CRA may not charge you more than the actual copying costs for providing you with a copy of your file.
- A summary of all information contained in the CRA file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request, with proper identification, for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.
- By requesting a copy be sent to a specified addressee by certified mail. CRAs complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the CRAs.

"Proper Identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the CRA require additional information concerning your employment and personal or family history in order to verify your identity. The CRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection. You may be accompanied by one other person of your choosing, who must furnish reasonable identification. An CRA may require you to furnish a written statement granting permission to the CRA to discuss your file in such person's presence. Our privacy policy is located at <http://www.easybackgrounds.com/about/privacy/>.

Please fill this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law. ☐

Signature (if Candidate is under 18 Signature of Parent or Guardian) \_\_\_\_\_

Candidate's Full Name (printed) \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian's Full Name (printed) if Candidate is under 18 \_\_\_\_\_

### **DISCLOSURE REGARDING BACKGROUND INVESTIGATION**

\_\_\_\_\_ is referred to as "the Company" in this document.

The Company may obtain information about you from a third party consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report," which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you, and disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the nature and scope of the most common form of investigative consumer report is an employment history or verification. These searches will be conducted by easyBackgrounds, Inc., PO Box 952, 10 Main Street, Newfields, NH 03856, 800-538-6525. easyBackgrounds' Privacy Policy may be viewed on their website at <http://www.easybackgrounds.com>. The scope of this disclosure is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports throughout the course of your employment to the extent permitted by law.

By signing my name, I agree that I understand and accept the disclosure presented above.

I agree that a printout or electronic facsimile of this document may be accepted with the same authority as the original.

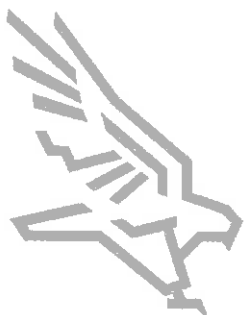
Signature (if under 18 Signature of Parent or Guardian) \_\_\_\_\_

Date \_\_\_\_\_

Candidate 's Full Name (printed) \_\_\_\_\_

Parent or Guardian's Full Name(printed) if Candidate is under 18 \_\_\_\_\_





## **Falcons Landing Health Care Employees OIG Information**

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### **To The Applicant:**

**As part of our hiring process, Falcons Landing checks the OIG's List of Excluded Individuals/Entities. Federal health care programs such as Medicare and Tricare do not allow us to employ individuals who have been excluded from participation in such programs.**

**Have you ever been excluded from participation in federal health care programs, such as Medicare and Tricare?**

**Yes      No**

**If yes, when? \_\_\_\_\_**

**Have you since been reinstated?**

**Yes      No**

**If yes, when? \_\_\_\_\_**

**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 Signature \_\_\_\_\_ Date \_\_\_\_\_**



## Falcons Landing Drug-Free Workplace Policy

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### ACKNOWLEDGMENT OF RECEIPT AND UNDERSTANDING

I hereby acknowledge that I have received and read a summary of the Falcons Landing Drug-free Workplace Policy. I have had an opportunity to have all aspects of this material fully explained. I understand that the full text of the Drug-free Workplace Policy is available upon request. I also understand that I must abide by the policy as a condition of employment, and any violation may result in disciplinary action up to and including discharge.

**Further, I understand that during my employment I may be required to submit to testing for the presence of drugs or alcohol. I understand that submission to such testing is a condition of employment with Falcons Landing, and disciplinary action up to and including discharge may result if:**

1. I refuse to consent to such testing,
2. I refuse to execute all forms of consent and release of liability as are usually and reasonably attendant to such examinations,
3. I refuse to authorize release of the test results to Falcons Landing,
4. The tests establish a violation of the our drug-free workplace policy,
5. I otherwise violate the policy.

**If I am injured in the course and scope of my employment and test positive, I forfeit my eligibility for medical and indemnity benefits under the Workers' Compensation Act upon exhaustion of the remedies.**

I also understand that the drug-free workplace policy and related documents are NOT intended to constitute a contract between Falcons Landing and me.

I, by my signature below, state that I have read the acknowledgment above and know its contents, and sign of my own free will.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Witness \_\_\_\_\_

Date \_\_\_\_\_

DEPARTMENT OF SOCIAL SERVICES  
DIVISION OF LICENSING PROGRAMS  
SWORN DISCLOSURE STATEMENT

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 Social Security Number  
\_\_\_\_\_  
Street/P.O. Box City State Zip Code

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, please 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: \_\_\_\_\_

NOTE TO LICENSEE: This form must be retained for all compensated employees.