

# LYNN HOUSE OF POTOMAC VALLEY, INC.

## Application for Employment

Those applying will receive consideration without discrimination because of race, color, sex, age, national origin, sexual orientation, handicap or veteran status.

### Personal

Last name, First, Middle	Date
Street Address	Home phone #
City, State, Zip	Business phone #
E-Mail address	Cell phone #
Have you ever applied for employment with us? Yes No If yes, month & year	Social Security #
Position desired	Date of Birth:
Apart from absence for religious observance, are you available for full-time work? Yes No If not, what hours can you work?	Pay range expected
Are you legally eligible for employment in the United States?	Will you work overtime if asked? Yes No
Other special training or skills (languages, classes relating to your work, etc.)	When will you be available to begin work?

Please complete the following, or attach a resume that includes the same information.

### Education

SCHOOL	NAME & LOCATION OF SCHOOL	COURSE OF STUDY	# YEARS COMPLETED	DID YOU GRADUATE? (CIRCLE)	DEGREE OR DIPLOMA
High School				Yes No	
Business/Trade /Technical				Yes No	
College				Yes No	
Graduate				Yes No	

### Military

Did you serve in the U.S. Armed Forces? **Yes** **No**    **If Yes**, in what Branch?

Describe any training received relevant to the position for which you are applying.

### Employment

**#1** Company Name

Telephone

Address

Employed (Month & year)

From                      To

Name of Supervisor & Telephone Number

Weekly Pay

Start                      Last

State Job Title and Describe Your Work

Reason for leaving

**#2** Company Name

Telephone

Address

Employed (Month & year)

From                      To

Name of Supervisor & Telephone Number

Weekly Pay

Start                      Last

State Job Title and Describe Your Work

Reason for leaving

**#3** Company Name

Telephone

Address

Employed (Month & year)

From                      To

Name of Supervisor & Telephone Number

Weekly Pay

Start                      Last

State Job Title and Describe Your Work

Reason for leaving

#4 Company Name	Telephone
Address	Employed (Month & year) From                      To
Name of Supervisor & Telephone Number	Weekly Pay Start                      Last
State Job Title and Describe Your Work	Reason for leaving

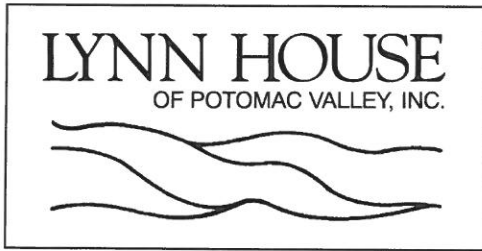
We may contact the employers listed above unless you indicate those you do not want us to contact	<b><i>Do Not Contact</i></b>
	Employer number(s) -- (circle) #1    #2    #3    #4 Reason

\* \* \* \* \*

Have you ever been convicted of a felony that might disallow you from working with elderly or other vulnerable populations? This includes offenses which have been annulled, expunged or sealed by a court. **Yes    No    If Yes**, please describe in full, as we are required to have all applicants complete a Criminal Background Check form with the Virginia State Police.

State names of relatives and friends working for us, other than your spouse.

<b>Signature</b>	
The information provided in this Application for Employment is true, correct, and complete. If you employ me, any misstatement or omission of fact on this application may result in my dismissal.	
I further understand that this application is not and is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me. I understand and agree that my employment is at-will and can be terminated by either party with or without notice, at any time, for any reason or no reason. No one other than an officer of the Company 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 and then only in a writing signed by an officer.	
Date	Signature



## SUPPLEMENTAL APPLICATION FOR EMPLOYMENT IN AN ADMINISTRATIVE POSITION

Please complete in full  
Please type or print plainly

### PERSONAL AND CONFIDENTIAL

THIS FORM MUST BE COMPLETED IN ADDITION TO THE GENERAL  
LYNN HOUSE APPLICATION FOR EMPLOYMENT.

Date: \_\_\_\_\_

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

Are you familiar with Christian Science nursing? \_\_\_\_\_

Please share with us HOW you are familiar with it.

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**Please share a recent healing from your own experience that shows your commitment to Christian Science.**

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## APPLICATION FOR EMPLOYMENT IN AN ADMINISTRATIVE POSITION

Please list at least three references who can speak to your ethics, integrity, skills and experience in the position for which you are applying. These references must not be related to you and they must be individuals you have been affiliated with at church or worked with professionally within the last two years. One should be a Christian Scientist who can speak to your devotion to Christian Science. It is preferable that the other two be an employer, a supervisor, or an Administrator. You may also attach a references sheet if you wish.

### PROFESSIONAL REFERENCES

Name, Job Title and Occupation	Address	Phone Numbers

### CHRISTIAN SCIENCE INFORMATION

1. Membership in The Mother Church \_\_\_\_\_ Date joined \_\_\_\_\_  
Branch Church \_\_\_\_\_ Date joined \_\_\_\_\_  
Committees served on \_\_\_\_\_  
\_\_\_\_\_

## APPLICATION FOR EMPLOYMENT IN AN ADMINISTRATIVE POSITION

2. Have you had Christian Science Primary Class Instruction: \_\_\_\_\_ If yes: Year \_\_\_\_\_  
C.S. Teacher \_\_\_\_\_
3. How often do you study the C.S. Bible Lesson? \_\_\_\_\_
4. Which C.S. periodicals do you subscribe to? \_\_\_\_\_  
\_\_\_\_\_
5. Have you had any medical diagnosis or treatment in the past 3 years? \_\_\_\_\_
6. Have you worked for a medical professional in the last 5 years? \_\_\_\_\_
7. Do you drink alcoholic beverages, use tobacco products, or sell or use drugs of any kind? \_\_\_\_  
If yes, or if you have only recently ceased any of these activities, please explain: \_\_\_\_\_  
\_\_\_\_\_
8. Do you rely on any means other than Christian Science prayer for healing? (i.e., holistic, any  
therapy, New Age, Diet or Nutrition based therapy etc. If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
9. Is there anything else about your Christian Science practice that you would like to share?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### PLEASE READ AND SIGN BELOW

I solemnly affirm that the facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on this application may result in my dismissal. I further understand that this is an application, and is not nor intended to be a contract for employment, nor does this application obligate the employer in any way if the employer decides to employ me on a regular basis. The only party with authority to enter into any agreement for employment is the Executive Director of Lynn House of Potomac Valley.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
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.

## BARRIER CRIMES FOR LICENSED ASSISTED LIVING FACILITIES AND ADULT DAY CARE CENTERS

*(§§ 63.2-1719 and 63.2-1720 of the Code of Virginia)*

NOTE: A licensed assisted living facility or adult day care center may hire an applicant convicted of one misdemeanor barrier crime not involving abuse or neglect, if five years have elapsed following the conviction.

OFFENSE * Or Equivalent Offense in Another State	CODE SECTION
Abduction (Kidnapping)	18.2-47 A or B
Abduction with Intent to Extort Money or for Immoral Purpose	18.2-48
Abuse and Neglect of Children	18.2-371.1
Abuse and Neglect of Incapacitated Adults	18.2-369
Adulteration of Food, Drink, Drugs, Cosmetics, etc.	18.2-54.2
Aggravated Malicious Wounding	18.2-51.2
Assault or Assault and Battery	18.2-57
Assault and Battery Against a Family or Household Member	18.2-57.2
Attempted Aggravated Sexual Battery	18.2-67.5
Attempted Forcible Sodomy	18.2-67.5
Attempted Object Sexual Penetration	18.2-67.5
Attempted Rape	18.2-67.5
Attempted Sexual Battery	18.2-67.5
Attempts to Poison	18.2-54.1
Bodily Injuries Caused by Prisoners, Probationers or Parolees	18.2-55
Burning Building or Structure While in such Building or Structure with Intent to Commit Felony	18.2-82
Burning or Destroying any Other Building or Structure	18.2-80
Burning or Destroying Dwelling House, etc.	18.2-77
Burning or Destroying Meeting House, etc.	18.2-79
Burning or Destroying Personal Property, Standing Grain, etc.	18.2-81
Carelessly Damaging Property by Fire	18.2-88
Carjacking	18.2-58.1
Carnal Knowledge of Certain Minors	18.2-64.1
Carnal Knowledge of Child Between 13 and 15	18.2-63
Carnal Knowledge of an Inmate, Parolee, Probationer or Pretrial or Posttrial Offender	18.2-64.2



Causing, Inciting, etc. Threats to Bomb or Damage Buildings or Means of Transportation; False Information as to Danger to such Buildings, etc.	18.2-84
Crimes Against Nature Involving Children	18.2-361
Delivery of Drugs, Firearms, Explosives, etc. to Prisoners	18.2-474.1
Disarming a Law Enforcement or Correctional Officer	18.2-57.02
Drive-By Shooting	18.2-286.1
Electronic Facilitation of Pornography	18.2-374.3
Employing or Permitting Minor to Assist in Obscenity and Related Offenses	18.2-379
Escape from Jail	18.2-477
Extortion by Threat	18.2-59
Failing to Secure Medical Attention for Injured Child	18.2-314
Felonies by Prisoners	53.1-203
Firearms – Allowing Access by Children	18.2-56.2
Hazing of Student at School, College, or University	18.2-56
Hazing of Youth Gang Members	18.2-55.1
Homicide	18.2-33
Incest	18.2-366 B
Involuntary Manslaughter	18.2-36.1
Involuntary Manslaughter; Operating a Watercraft While Under the Influence	18.2-36.2
Killing a Fetus	18.2-32.2
Maiming, etc. of Another Resulting from Driving While Intoxicated	18.2-51.4
Maiming, etc. of Another Resulting from Operating a Watercraft While Intoxicated	18.2-51.5
Malicious Bodily Injury by Means of any Caustic Substance or Agent or Use of any Explosive or Fire	18.2-52
Malicious Bodily Injury to Law Enforcement Officers	18.2-51.1
Malicious Wounding by Mob	18.2-41
Manufacture, Possession, Use, etc. of Fire Bombs or Explosive Materials or Devices	18.2-85
Murder, Capital	18.2-31
Murder, First and Second Degree	18.2-32
Murder of a Pregnant Woman	18.2-32.1
Obscenity Offenses	18.2-374.1
Pandering	18.2-355
Pointing Laser at Law Enforcement	18.2-57.01
Possession of Child Pornography	18.2-374.1:1
Possession of Infectious Biological Substances	18.2-52.1
Possession or Use of a Sawed-Off Shotgun or Rifle in a Crime of Violence	18.2-300 A
Production, Publication, Sale, Possession with Intent to Distribute, Financing etc. of Sexually Explicit Items Involving Children	18.2-374.1
Rape	18.2-61

Reckless Endangerment	18.2-51.3
Reckless Handling of Firearms; Reckless Handling While Hunting	18.2-56.1
Robbery	18.2-58
Setting Fire to Woods, Fences, Grass, etc.	18.2-86
Setting off Chemical Bombs Capable of Producing Smoke	18.2-87.1
Setting Woods, etc. on Fire Intentionally Whereby Another is Damaged or Jeopardized	18.2-87
Sexual Battery	18.2-67.4
Sexual Abuse of a Child Under 15 Years of Age	18.2-67.4:2
Sexual Battery - Aggravated	18.2-67.3
Sexual Battery - Infected	18.2-67.4:1
Sexual Penetration - Object	18.2-67.2
Shooting, etc. in Committing or Attempting a Felony	18.2-53
Shooting, Stabbing, etc. with Intent to Maim, Kill, etc.	18.2-51
Sodomy - Forcible	18.2-67.1
Stalking (Felony Convictions)	18.2-60.3
Taking, Detaining, etc. Person for Prostitution etc. or Consenting Thereto	18.2-355
Taking Indecent Liberties with Child by Person in Custodial or Supervisory Relationship	18.2-370.1
Taking Indecent Liberties with Children	18.2-370
Threats of Death or Bodily Injury	18.2-60
Threats to Bomb or Damage Buildings or Means of Transportation; False Information as to Danger to Such Buildings, etc.	18.2-83
Use of a Machine Gun in a Crime of Violence	18.2-289
Use of a Machine Gun for Aggressive Purpose	18.2-290
Use or Display of Firearm in Committing Felony	18.2-53.1
Violation of a Protective Order (Felony Convictions)	16.1-253.2 or 18.2-60.4
Voluntary Manslaughter	18.2-35