



Living made better.

Thank you for your interest in working at Abingdon Health & Rehab Center. We are extremely grateful that you have chosen to apply for a position with us. After completing the application in its entirety, we ask that you email it to Human Resources at the Center. Below are instructions to assist you in a successful submission of your completed application for review based on whether you are using Internet Explorer & Microsoft Edge, Chrome, or Mac:

Please note that if you're using a smartphone or tablet, the application form might not work. If this is the case, please visit our careers page to apply online. You can visit the site by clicking here: <https://abingdon-rehab.com/careers>

Internet Explorer & Microsoft Edge:

1. Please fill out the entire application. Application must be signed.*
2. After finishing the application, click on "File", "Save As" button or push "Control + S" on your keyboard. This will allow you to save it anywhere on your computer.
3. Once you save the completed application, open your email and compose a new email to: hr@abingdon-rehab.com.
4. In the subject line, please put your name and what position you are applying for.
5. Attach the completed application to the email and send.

Chrome:

1. Please fill out the entire application. Application must be signed.*
2. After finishing the application, click on "Download" button or push "Control + S" on your keyboard. This will allow you to save it anywhere on your computer.
3. Once you save the completed application, open your email and compose a new email to: hr@abingdon-rehab.com.
4. In the subject line, please put your name and what position you are applying for.
5. Attach the completed application to the email and send.

Mac Users:

1. After finishing the application, push "Command-S" or click "File" then "Print". Click the PDF pop-up. Please fill out the entire application. Application must be signed.*
2. On the menu, then choose Save as PDF. This will allow you to save it anywhere on your computer.
3. Once you save the completed application, open your email and compose a new email to: hr@abingdon-rehab.com.
4. In the subject line, please put your name and what position you are applying for.
5. Attach the completed application to the email and send.

***Signature:** If the signature line at the end of the application does not let you sign it digitally, you must print off the completed application to sign. You may either scan the completed and signed application to Human Resources, or you may hand-deliver or mail it to:

**Abingdon Health & Rehab Center
Attn: Human Resources
15051 Harmony Hills Lane
Abingdon, VA 24211**

If you have any questions or need any further assistance, please contact our Center at 276-451-2590. Again, we appreciate your interest in Abingdon Health & Rehab Center.

Abingdon Health & Rehab Center

APPLICATION FOR EMPLOYMENT

CCR (Commonwealth Care of Roanoke, Inc.) and its affiliates are equal opportunity employers and do not discriminate against qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, genetics, veteran status or any other basis protected by law.

Please complete every item or write N/A if not applicable

Date of Application: _____

Name _____		Street Address: _____	
First Name	Middle Initial	Last Name	
Apt. # or Box _____		City _____	State _____ Zip _____ Telephone No. with area code (____) _____
Are you 18 or Older? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Position Desired? _____			
Where are you currently employed?		Reason for desired change?	
Why do you choose working in long-term care and rehab? _____			
What was your referral source? <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Friend <input type="checkbox"/> Other – please specify: _____			
Please check all applicable <input type="checkbox"/> Employment Agency <input type="checkbox"/> Radio Ad <input type="checkbox"/> Website <input type="checkbox"/> Social Media – please specify: _____			
Are you related to anyone who works for us now? If so, who and how? _____			
Expected Wages _____ per _____		Date Available for Work? _____	
Are you willing to work holidays? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you willing to work weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No	
You are seeking? <input type="checkbox"/> Full time <input type="checkbox"/> Part time			
You are seeking? <input type="checkbox"/> Day shift <input type="checkbox"/> Evening shift <input type="checkbox"/> Night shift <input type="checkbox"/> 12 hour DAY shift <input type="checkbox"/> 12 hour NIGHT shift <input type="checkbox"/> Rotating			
Have you ever been convicted of any violation of the law <u>excluding</u> minor traffic violations, whether within or outside of the Commonwealth of Virginia? (Record of conviction does not necessarily disqualify you from employment) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state date, court and place where offense occurred: _____			
Are you subject to any pending criminal charges whether within or outside the Commonwealth of Virginia? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain alleged offense including date and place where alleged offense occurred: _____			
Have you ever been debarred, excluded, or rendered ineligible for participation in federal healthcare programs (i.e., Medicare)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain _____			
By signing this application on the reverse side, I am solemnly swearing and/or affirming that the information provided by me above is the truth and is accurate. Notice: Under Virginia law, any person making a materially false statement when providing this sworn statement or affirmation regarding any such offense shall be guilty upon conviction of a Class 1 misdemeanor. Virginia Code Section 32.1-126.01			
Are there any special skills, volunteer experience or other qualifications, which you feel would benefit our organization? Please describe: _____			
Have you ever served in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No		Branch? _____	Date of discharge? _____
Specialty Training? _____			
Applicants who are licensed professionals please complete the following: License/Registration Number _____ State Issued _____ Date Expires _____			
Do you or have you had any disciplinary action by the State Board of Nursing? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Education			
Name and location of Schools or Colleges	Major Subject	Did you Graduate?	College Degree
High School/GED			
School of Nursing/other training			
College/University			

CURRENT & FORMER EMPLOYERS

Name and Address	Phone #	Nature of Experience	Number of Years in Position	Salary	May be contacted? Yes or No	Reason for leaving

PERSONAL/PROFESSIONAL REFERENCES

Name	Address	Phone	Relationship

Have you ever worked at this facility before? ☐ Yes ☐ No If yes, when and position _____
Have you ever worked for Commonwealth Care of Roanoke, Inc. or a facility affiliated with CCR? ☐ Yes ☐ No
If yes, when, position and location _____

I acknowledge that this application will be valid for 90 days only. I hereby certify that this application is a complete record and that all entries are true and accurate to the best of my knowledge. However, I do solemnly swear and/or affirm that the information provided in the boxed-in section on the reverse page regarding criminal history and eligibility for participation in federal health care programs is true and accurate, without qualification. I understand as part of the application process, Abingdon Health & Rehab Center will, if applicable verify with the state(s) licensed nurse's boards, nurse's aide registry and other professional licensing agencies the status of my license/certification and any information available regarding such for use in evaluating my application for employment. I give the company permission to complete a criminal record check as required by law. Further, I give the company permission to check the Federal OIG List of Excluded Individual/Entities. I consent to former employers being contacted in reference to my being considered for employment. If employed, I understand that false statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for immediate dismissal.

I understand that I will be required to submit to a drug screening as part of my post offer/pre-employment process.

In the event of my employment, I agree to comply with all policies, procedures, and rules or other management communications as may be directed to employees. I understand that employment is the result of a voluntary decision on my part to seek employment and a voluntary decision by the company to employ me.

I understand that if employed by Abingdon Health & Rehab Center, my employment may be terminated at any time, with or without cause.

I also understand that neither this application nor any communication by a management representative is intended to create or creates a contract for employment or a guarantee of benefits.

If employed, I will be required to complete an Employment Verification Form (I-9), and within three days of employment, show satisfactory evidence of identity and eligibility for employment as required by the Department of Homeland Security.

The needs of Abingdon Health & Rehab Center will make the **following conditions mandatory**: overtime, shift work, a rotation work schedule, or a work schedule other than Monday through Friday. If employed, I accept these conditions.

I understand that should I need accommodation for an interview, I should request such in advance.

I understand that Abingdon Health & Rehab Center reserves the right to require its employees to submit to testing for alcohol or illicit drug use before reporting to or during work, or to allow inspection of bags (including purses, briefcases, lunch boxes or other personal articles), parcels brought into or taken out of the facility lockers or personal automobiles while on company property or while carrying out company responsibilities. I understand that refusal to submit to testing or search, when requested to do so, may result in immediate termination of my employment.

Compliance with Abingdon Health & Rehab Center's Drug Free Workplace Policy is a condition of employment. Abingdon Health & Rehab Center requires that every newly hired employee be alcohol and illicit drug free. Each offer of employment is contingent upon successfully completing a test/screen or alcohol and illicit drugs in accordance with Abingdon Health & Rehab Center's written policy. Continued employment is also contingent upon compliance with Abingdon Health & Rehab Center's Drug Free Workplace Policy, as the company requires that employees be alcohol and illicit drug free when reporting to and during work.

Applicant: _____ Date: _____
Signature