



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:** if you're using a smartphone or tablet, this application form might not work. If that is the case, please visit our career page for a different path 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](mailto: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](mailto: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. 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](mailto: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 24121**

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.



Committed. Caring. Responsive.

## CCR (Commonwealth Care of Roanoke, Inc.) & CCR Managed Health & Rehab Centers

### APPLICATION FOR EMPLOYMENT

This application for employment is intended for any individual seeking employment with CCR or any of its managed health and rehab centers. Throughout this application, while CCR is used, it is intended to encompass all CCR managed health and rehab centers. Please request any interview accommodation in advance.

CCR and its managed centers 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, pregnancy, sexual orientation, gender identity or any other basis protected by law.

**NOTE: Please complete every item or write N/A if not applicable. Please print.** Date of Application: \_\_\_\_\_

Name of Center: Abingdon Health & Rehab Center

Name _____	First Name _____	Middle Initial _____	Last Name _____
Street Address: _____			Apt. # or Box _____
City _____	State _____	ZIP _____	Cell Phone #: _____
Email Address: _____			Other Phone #: _____
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? _____
You are seeking? <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> PRN
Shift Desired: <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
<i>NOTE: Not all centers/positions offer 12-hour shift options.</i>
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
<i>NOTE: Some positions <b>require</b> overtime, shift work, a rotation work schedule, holiday work, or a work schedule other than Monday through Friday (weekends).</i>

**DIGITAL INSTRUCTIONS:** For best results, complete this form on a computer using Acrobat Reader. A mobile version of Acrobat is available from the App Store or Google Play. To return the form, save the file and manually send it from your preferred email app to [hr@abingdon-rehab.com](mailto:hr@abingdon-rehab.com). You may return a printed copy to **Abingdon Health & Rehab Center, Attn: Human Resources, 15051 Harmony Hills Lane, Abingdon, VA 24211.**

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?  Yes  No Branch? \_\_\_\_\_ Date of Discharge? \_\_\_\_\_

Specialty Training? \_\_\_\_\_

Applicants who are licensed professionals please complete the following:

License/Registration Number \_\_\_\_\_ State Issued \_\_\_\_\_ Expiration Date \_\_\_\_\_

List any other state in which you are or were licensed, what type of license, and the license/registration number.

Do you or have you had **any** disciplinary action by any State Licensing Board or agency in any state in which you have been licensed?

Yes  No If yes, please explain: \_\_\_\_\_

## 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 _____			

## EMPLOYMENT HISTORY

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

Have you ever worked for CCR or a center managed by CCR?  Yes  No

If yes, name center, position and dates: \_\_\_\_\_

## PERSONAL/PROFESSIONAL REFERENCES

Name	Address	Phone	Relationship

Have you ever been **convicted** of any violation of the law, **excluding** minor traffic violations or possession of marijuana, whether within or outside of the Commonwealth of Virginia? (Record of conviction does not necessarily disqualify you from employment)     Yes     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, excluding minor traffic violations or possession of marijuana?     Yes     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)?     Yes     No

If yes, explain: \_\_\_\_\_

**By signing this application below, 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. Additionally, if found to be untrue during the post-offer, pre-employment checks, offer of employment will be withdrawn. If found to be untrue after employed, immediate dismissal of employment will occur.**

Please initial **all** items below:

\_\_\_\_\_ 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. I 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 healthcare programs is true and accurate, without qualification. I understand as part of the application process, CCR or one of its managed centers 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 Individuals/Entities. I consent to former employers being contacted in reference to my being considered for employment.

\_\_\_\_\_ I understand that I will be required to submit to a drug screening as part of my post-offer/pre-employment process. Compliance with CCR's Drug-Free Workplace Policy is a condition of employment. Each offer of employment is contingent upon successfully completing a drug screen. Continued employment is also contingent upon compliance with CCR's Drug-Free Workplace Policy. I understand that CCR reserves the right to require its employees to submit to drug testing on a for-cause, random, or post-accident basis.

\_\_\_\_\_ 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 CCR, 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.

\_\_\_\_\_ If employed in a position in which requires overtime, shift work, a rotation work schedule, holiday work, or a work schedule other than Monday through Friday, I accept these conditions.

\_\_\_\_\_ 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.

\_\_\_\_\_ If employed, as an expectation of my employment with a healthcare provider, I understand that I will be expected to receive an Influenza (Flu) vaccine, the COVID-19 vaccine, and any other vaccine that may reasonably be required. If I have received these vaccines within the 12 months prior to my employment, I understand that I will be required to provide documentation. Medical or religious objections to receiving vaccines will be considered in accordance with applicable law and policy.

I have     have not    been previously vaccinated for COVID-19. If yes, please provide date(s): \_\_\_\_\_

I have     have not    been previously vaccinated for the flu. If yes, please provide most recent date: \_\_\_\_\_

\_\_\_\_\_  
Applicant Printed Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date



# CCR

## Mission Statement

To provide peace of mind to those we care for:  
our patients, residents, families and staff.

**UNIQUENESS IS POWERFUL** | The culture of CCR and its affiliated Centers is to create, promote and celebrate an environment of inclusion and diversity that reflects our employees, patients, families and the communities we serve. Diversity and inclusion are pillars of our culture, an integral part of our future and a reflection of our values. By appreciating the importance of diversity and inclusion we acknowledge the wholeness of the individual and their belief system and we value our individual differences. We will promote an environment in which our employees and those we serve may flourish with a rich sense of belonging and mutual respect.

### Commonwealth Care of Roanoke, Inc.

5372 Fallowater Lane, Suite 200 Roanoke, VA 24018 Phone 540.725.8910

[www.commonwealth-care.com](http://www.commonwealth-care.com) CommonwealthCareofRoanoke CCare\_Roanoke  
 [commonwealth-care-of-roanoke](https://www.linkedin.com/company/commonwealth-care-of-roanoke)

#### Abingdon Health & Rehab Center

15051 Harmony Hills Lane  
Abingdon, VA 24211  
Phone 276.451.2590

[www.abingdon-rehab.com](http://www.abingdon-rehab.com)  
 AbingdonHealthRehabCenter  
 Abingdon\_Rehab

#### Dulles Health & Rehab Center

2978 Centreville Road  
Herndon, VA 20171  
Phone 703.934.5000

[www.dulles-rehab.com](http://www.dulles-rehab.com)  
 DullesHealthRehabCenter  
 Dulles\_Rehab

#### Potomac Falls Health & Rehab Center

46531 Harry Byrd Highway  
Sterling, VA 20164  
Phone 703.834.5800

[www.potomacfalls-rehab.com](http://www.potomacfalls-rehab.com)  
 PotomacFallsHealthRehabCenter  
 Potomac\_Rehab

#### Carriage Hill Health & Rehab Center

6106 Health Center Lane  
Fredericksburg, VA 22407  
Phone 540.785.1120

[www.carriagehill-rehab.com](http://www.carriagehill-rehab.com)  
 CarriageHillHealthRehabCenter  
 CarriageH\_Rehab

#### Gainesville Health & Rehab Center

7501 Heritage Village Plaza  
Gainesville, VA 20155  
Phone 571.248.6100

[www.gainesville-rehab.com](http://www.gainesville-rehab.com)  
 GainesvilleHealthRehabCenter  
 GainesvilleRhab

#### Radford Health & Rehab Center

700 Randolph Street  
Radford, VA 24141  
Phone 540.633.6533

[www.radford-rehab.com](http://www.radford-rehab.com)  
 RadfordHealthRehabCenter  
 Radford\_Rehab

#### Chase City Health & Rehab Center

5539 Highway 47  
Chase City, VA 23924  
Phone 434.372.8885

[www.chasecity-rehab.com](http://www.chasecity-rehab.com)  
 ChaseCityHealthRehabCenter  
 ChaseCity\_Rehab

#### Lee Health & Rehab Center

208 Health Care Drive  
Pennington Gap, VA 24277  
Phone 276.546.4566

[www.lee-rehab.com](http://www.lee-rehab.com)  
 LeeHealthRehabCenter  
 Lee\_HealthRehab

#### River View on the Appomattox Health & Rehab Center

201 Eppes Street  
Hopewell, VA 23860  
Phone 804.541.1445

[www.riverview-rehab.com](http://www.riverview-rehab.com)  
 RiverViewHealthRehabCenter  
 Riverview\_Rehab

#### Dinwiddie Health & Rehab Center

46 Diamond Drive  
North Dinwiddie, VA 23803  
Phone 804.518.0780

[www.dinwiddie-rehab.com](http://www.dinwiddie-rehab.com)  
 DinwiddieHealthRehabCenter  
 Dinwiddie\_Rehab

#### Manassas Health & Rehab Center

8575 Rixlew Lane  
Manassas, VA 20109  
Phone 703.257.9770

[www.manassas-rehab.com](http://www.manassas-rehab.com)  
 ManassasHealthRehabCenter  
 Manassas\_Rehab

#### The Woodlands Health & Rehab Center

1000 Fairview Avenue  
Clifton Forge, VA 24422  
Phone 540.863.4096

[www.woodlands-rehab.com](http://www.woodlands-rehab.com)  
 TheWoodlandsHealthRehabCenter  
 Woodlands\_Rehab