



4105 MASON RIDGE DRIVE, ANNANDALE, VA 22003 | PHONE: (703) 941-4083
HELLO@WINFIELDMOUNT.COM | WWW.WINFIELDMOUNT.COM

EMPLOYMENT APPLICATION

Position Applying For: _____ Full Time Part Time On-Call

PERSONAL INFORMATION

Name: _____ Phone: _____

Address: _____ Social Security No: _____

City: _____ State: _____ Zip code: _____

For VA Residents: Have you lived outside the Commonwealth in the last seven years? Yes No

If yes, what state did you live in? _____

Are you 18 or over? Yes No

If Hired You Will Be Required To Submit Proof Of Age

Name and Address of Persons through Whom You May Be Contacted For Message Purposes

Phone: ()

If Hired Can You Furnish Proof That You Are Legally Permitted To Work In The US?

Yes No

What Other Name(S) Have You Been Employed Under If Different From Present Name?

Name of Relative(S) Employed By This Agency

Department

How Did You Learn About This Opening?

Have You Previously Been Employed By This Agency?

Yes No

If Yes When?

EXPERIENCE:

Most recent employer: Currently employed? Yes No May we contact the current employer? Yes No

Employer Name: _____ Position: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip code: _____

Dates of employment (Mo/yr.) from: _____ To: _____ Supervisor: _____ WMHS-06/1



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Job duties: _____

Reason this employment ended: _____

Previous employer(s):

Employer Name: _____ Position: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip code: _____

Dates of employment (Mo/yr) from: _____ To: _____ Supervisor: _____

Job duties: _____

Reason this employment ended: _____

Employer Name: _____ Position: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip code: _____

Dates of employment (Mo/yr) from: _____ To: _____ Supervisor: _____

Job duties: _____

Reason this employment ended: _____

Do you currently work for any division within Winfield Mount Health Services? Yes No If yes, Where? _____

Have you ever worked for any division within Winfield Mount Health Services? Yes No If Yes, where and when? _____

EDUCATIONAL RECORD:

Check level completed:

High School GED Some College Associate Degree Bachelor Degree Master Degree Doctoral

For college level applicants:

School: _____ Degree & Date: _____

Location (City, State): _____

School: _____ Degree & Date: _____



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Location (City, State): _____

WMHS-06/2

Special Skills/Certifications:

Please describe any qualifications, certifications, training, experience or skills which you feel make you especially suited for this position within Winfield Mount Health Services.

U.S. Military Experience:

Branch	Initial Rank	Final Rank
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Service Schools Attended _____

Skills _____

Typing Speed (Last Date Tested) Shorthand Speed 10 Key Add, Match by Touch Yes No

Pbx (Type Board) Medical Terminology Yes No

Criminal History:

Have You Been Convicted Of A Felony Or Misdemeanor? Yes No If yes, please disclose the nature, dates(s) and location(s) of the conviction(s)

WMHS-06/3



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Authorization:

I hereby apply for employment with Winfield Mount Health Services and state that:

- I understand that employment or continued employment is conditioned on the truth of all information contained in this application. I certify that all of the answers or statements made by me in this application are true, complete, and correct; and I understand that misrepresentation or omission of facts called for in this application, in any supplement thereto, or in any other corporate records, will be sufficient grounds for not employing me, or will be cause for immediate dismissal without notice at any time during my employment.
- I understand and agree that all information furnished in this application may be verified by Winfield Mount Health Services. I hereby authorize all individuals and organizations named or referred to in this application and any law enforcement organization to give all information relative to such verification and hereby release such individuals, organizations, and Winfield Mount Health Services from any and all liability for any claim or damage resulting there from.
- I understand that employment by Winfield Mount Health Services is contingent upon my submitting to a physical examination prior to employment, which must be renewed thereafter on an annual basis, as well as a criminal history check and Motor Vehicle Record check which shall be renewed at Winfield Mount Health Services' discretion.
- I understand that, if I am employed by Winfield Mount Health Services and as a condition of my continued employment, I will be required to furnish proof of US citizenship or eligibility to work in the US. I will be required to execute certain agreements with SJCS (including employee agreements regarding inventions and confidentiality of information.)

X

Date: _____

Winfield Mount Health Services, Inc. is an Equal Opportunity Employer who complies with the Americans with Disabilities Act.