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 Email: [careers@chva.org](mailto:careers@chva.org)  
[www.childrenshosp-richmond.org](http://www.childrenshosp-richmond.org)

### Application for Employment

*It is the policy of Children's Hospital of Richmond at VCU to provide equal employment opportunities without regard to race, color, religion, sex, national origin or disability. It is also the policy to hire U.S. citizens or those who are entitled to work in the United States.*

**Please indicate position(s) you are interested in:**

Position: \_\_\_\_\_

Position: \_\_\_\_\_

#### Applicant Information

Name: <i>Last</i>	<i>First</i>	<i>Middle Initial</i>	Date:
Other names you have been employed under:			
Address: <i>Street</i>		<i>City</i>	<i>State</i> <i>Zip</i>
Telephone: <i>Work/Home</i>		<i>Cell</i>	Email:
I prefer: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		Shift Preference: <input type="checkbox"/> Days <input type="checkbox"/> Nights <input type="checkbox"/> Evenings	
Salary Desired:		Date available to begin work:	

#### Education

School	Name & Location	Last Grade/Degree Completed	Academic Major Courses Taken
High School			
Business/Technical			
College			
Other			

### Employment History

Provide your work history beginning with your current or most recent position. Please supply complete information for each position.

Name of Employer: _____ Address: _____ City: _____ State & Zip: _____ Telephone: _____ Job Title: _____	Immediate Supervisor: _____ Dates of employment: _____ to _____ Final Salary: _____ May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Job Responsibilities:	
Reason for Leaving:	
Name of Employer: _____ Address: _____ City: _____ State & Zip: _____ Telephone: _____ Job Title: _____	Immediate Supervisor: _____ Dates of employment: _____ to _____ Final Salary: _____ May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Job Responsibilities:	
Reason for Leaving:	
Name of Employer: _____ Address: _____ City: _____ State & Zip: _____ Telephone: _____ Job Title: _____	Immediate Supervisor: _____ Dates of employment: _____ to _____ Final Salary: _____ May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Job Responsibilities:	
Reason for Leaving:	

*If you need more space for employment history, please submit additional copies of this page.*

**Lapses in Employment**

Please explain any gaps in your employment history.

Dates	Explanation

**Certifications or Licensure**

Certification or License	Issued By	License/Certification Number	Expiration

**Relevant Skills/Training/Experience**

CPR: <input type="checkbox"/> Yes                      Exp: <input type="checkbox"/> No	P.A.L.S.: <input type="checkbox"/> Yes                      Exp: <input type="checkbox"/> No
Computer Experience: <input type="checkbox"/> Yes <input type="checkbox"/> No	Software:

Other skills/training/certifications/volunteer activities you have related to this position:

**Additional Information and Final Statement**

Are you over the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you legally eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of any criminal offense other than traffic violations? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain offense and date of conviction:
Have you been employed with Children's Hospital before? <input type="checkbox"/> Yes <input type="checkbox"/> No Dates of employment:	Are you related to any employees of the hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of relative:
What prompted you to apply with us? <input type="checkbox"/> Children's Hosp. Website <input type="checkbox"/> <i>Free Lance Star</i> <input type="checkbox"/> Hotjobs <input type="checkbox"/> Job Fair <input type="checkbox"/> <i>Richmond Times-Dispatch</i> <input type="checkbox"/> Walk In <input type="checkbox"/> Industry Publication <small>(i.e. Advance Magazine)</small> <input type="checkbox"/> Online Search <input type="checkbox"/> Employee Referral (list referrer): _____ <input type="checkbox"/> Other (please specify): _____	

**PLEASE READ CAREFULLY AND SIGN BELOW:**

I certify that all statements made on this application are true and complete to the best of my knowledge and that misrepresentation or omission may subject me to immediate dismissal if I am hired. I also give permission to check all statements contained herein concerning prior employment and education by contacting the companies and institutions named on this application.

I understand that an offer of employment will be conditional on results of a medical examination; successful completion of a drug test and criminal background check; verification of entitlement to work in the United States; and in certain instances, verification of data banks for clinical practitioners. If a credit history is required for my position, I understand that I have a right to review the information reported to the Children's Hospital of Richmond at VCU (Hospital).

This application is not and shall not be deemed to constitute an employment contract either expressed or implied between the Hospital and me. I understand that potential employment is based on the Hospital's will and may be terminated at any time without advance notice. I acknowledge that future employment is not for any definite period of time and that I have not been guaranteed continued employment.

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