



PCA CLASS APPLICATION

PLEASE FILL OUT ALL INFORMATION REQUESTED

PERSONAL INFORMATION		
Last Name:	First Name:	M.I.:
Address:	City/State:	Zip Code:
Home Telephone:	Cell/Alternate Telephone:	
Emergency Contact:		Emergency Telephone:
How did you hear about the PCA Program?		
Is there any reason you are unable to perform all of the physical duties of the position for which you have applied for? ___ Yes ___ No		
If Yes, please describe:		
Can you perform all of the duties, with or without reasonable accommodations, of the position for which you have applied? ___ Yes ___ No		
If No, please describe:		
Are you lawfully authorized to work in the United States of America? ___ Yes ___ No		
Are there any foreign languages you can interpret/translate? ___ Yes ___ No		
List of Foreign Languages:		
<small>CONVICTION(S) OF A CRIME DOES NOT AUTOMATICALLY BAR EMPLOYMENT. FACTORS SUCH AS AGE AT TIME OF OFFENSE, SENTENCED TIME AND REHABILITATION WILL BE TAKEN INTO ACCOUNT IN DETERMINING EFFECT ON SUITABILITY FOR EMPLOYMENT.</small>		
Have you ever committed, been convicted of, plead guilty to, or please <i>nolo contendere</i> to a felony or a misdemeanor (excluding traffic violations) in Virginia or outside of the jurisdiction of Virginia? ___ Yes ___ No		
If Yes, please explain:		
Have you ever committed, been convicted of, plead guilty to, or please <i>nolo contendere</i> to any offense involving sexual molestation, sexual abuse, or rape, including a deferred sentence in Virginia or outside of the jurisdiction of Virginia? ___ Yes ___ No		
If Yes, please explain:		
Are you currently involved or recovering from any form of drug or alcohol abuse? ___ Yes ___ No		
If Yes, please describe:		
Do you have a current and unrestricted driver's license? ___ Yes ___ No		
What is your means of transportation to and from work?		

READ CAREFULLY

I understand that nothing contained in this application is intended to create an employment contract between myself and **Team Nurse**. If at some point an employment relationship is established, I also understand that my employment status will be at will, which means that my employment may be terminated by me or **Team Nurse** at any time, for any reason.

Applicants Signature

Date