



Mountain Empire  
Older Citizens, Inc.

SERVING SOUTHWEST VIRGINIA SINCE 1974

*"Let us take care of the children, for they have a long way to go. Let us take care of the elders, for they have come a long way. Let us take care of those in between, for they are doing the work."—African Proverb*

## **MOUNTAIN EMPIRE OLDER CITIZENS, INC.**

### **Instructions for Completing Employment Application/Forms**

1. Be sure to provide complete names, mailing addresses and telephone numbers for each previous employer and personal reference.  
**You must list at least two (2) previous employers.**
2. Sign and date the Reference Verification Forms.  
**Do not complete any other information on this form.**
3. Complete and sign the Applicant's Statement of Criminal History. Upon employment a Criminal History Records Request Form must be completed.
4. Attach a **COPY** of your Nurse Aide Certificate or a **COPY** of your State License (if applying for a personal care position).  
**DO NOT SEND THE ORIGINAL.**
5. Should you have any question regarding any of the forms or instructions, please call (276) 523-4202.

**MAKE SURE YOU HAVE THE CORRECT AMOUNT OF POSTAGE ON  
THE ENVELOPE BEFORE MAILING.**

P.O. Box 888 ● Big Stone Gap, Virginia 24219  
276-523-4202 ● FAX: 276-523-4208 ● E-MAIL: meoc@meoc.org  
Visit us at our Web Site at [www.meoc.org](http://www.meoc.org)



United Way



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## **MOUNTAIN EMPIRE OLDER CITIZENS, INC.** **Applicants Statement of Criminal History**

I hereby give my permission and consent to Mountain Empire Older Citizen's Inc., to obtain at its own expense, a copy of my Criminal History Record for convictions specified in the Code of Virginia related to following offenses:

- Murder
- Abduction for Immoral Purposes
- Sexual Assault
- Pandering
- Crimes Against Nature Involving Children
- Taking Indecent Liberties With Children
- Abuse and Neglect of Children
- Crimes Against the Person
- Crimes Against Property
- Crimes Involving Fraud
- Crimes Involving Health and Safety
- Crimes Involving Morals and Decency
- Crimes Involving Abuse or Neglect of an Incapacitated Adult

I swear and affirm that I have never been convicted of any of the above referenced crimes and, further, that I am not the subject of any pending charges for any offenses of the nature described above within the Commonwealth of Virginia.

I acknowledge that I am aware that any materially false statement by me with regard to this matter is a Class 1 Misdemeanor. I have read this statement and understand that if I have any questions regarding this statement I am instructed to telephone the Supervisor of the department for which I am making application for employment at 1-800-252-6362 or (276) 523-4202. Thus, I have had explained to me any matters regarding this statement which I did not fully understand.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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# MOUNTAIN EMPIRE OLDER CITIZENS, INC.

## Reference Verification

TO: \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STAT \_\_\_\_\_ ZIP \_\_\_\_\_

RE: \_\_\_\_\_ MAIDEN: \_\_\_\_\_  
LAST NAME FIRST MIDDLE

SOCIAL SECURITY NUMBER: \_\_\_\_\_

WE ARE CONSIDERING THE ABOVE APPLICANT FOR EMPLOYMENT. WE WOULD APPRECIATE YOUR COMPLETING THE FOLLOWING FORM AND RETURNING TO US IN THE SELF-ADDRESSED, STAMPED ENVELOPE AT YOUR CONVENIENCE. ANY COMMENTS YOU MAKE WILL BE TREATED IN STRICTEST CONFIDENCE.

I HEREBY AUTHORIZE ANY PRIOR EMPLOYER TO PROVIDE SUCH INFORMATION CONCERNING MY EMPLOYMENT WITH THEM AS REQUIRED. I ALSO AUTHORIZE THE REGISTRAR/PLACEMENT OFFICE OF ALL EDUCATIONAL INSTUTIONS ATTENDED TO RELEASE AN OFFICIAL COPY OF MY TRANSCRIPT(S) AND, IF AVAILABLE, FACULTY APPRISALS.

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

.....  
\_\_\_\_\_ Excellent Good Average Unsatisfactory

- ATTENDANCE \_\_\_\_\_
- ATTITUDE & COOPERATION \_\_\_\_\_
- APPEARANCE \_\_\_\_\_
- DEPENDABILITY \_\_\_\_\_
- INTERPERSONAL RELATIONSHIPS \_\_\_\_\_
- TECHNICAL ABILITY \_\_\_\_\_
- THEORY TO PRACTICE \_\_\_\_\_
- TIME MANAGEMENT \_\_\_\_\_

DATE OF EMPLOYMENT: FROM \_\_\_\_\_ TO: \_\_\_\_\_

LAST POSITON TITLE: \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

Would you rehire? YES NO If "NO", please explain \_\_\_\_\_

ADDITIONAL REMARKS: \_\_\_\_\_

DATE: \_\_\_\_\_ SIGNATURE \_\_\_\_\_ TITLE: \_\_\_\_\_



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