

<b>Agapé Training Center</b>		<b>Medication Aide Training Application</b> <i>An Equal Opportunity Educator</i>					
Employees of Agapé Training Center applicants for training shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender or age.				As a means of accommodation to persons with specific disabilities that prevent them from completing this application, confidential assistance in filling out this application may be obtained by notifying Agape Training Center.			
1. Training Class # _____		Number of Hours in the class _____ & date of class _____					
2. Social Security Number _____		(Note: Completion of number two is optional. Failure to submit social security number on this form will not prohibit employment consideration. Social security number may be required on other forms prior to employment.)					
3. Full legal name		_____		_____		_____	
		Last	First		Middle		
4. Address		_____					
		Street		City		State	Zip
5. Home Phone ( ) _____		6. Alt./Mobile Phone ( ) _____		7. E-mail Address _____			
<b>8. EDUCATION</b>							
a. Check highest grade completed		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12					
b. If you did not complete high school, do you have a high school equivalency diploma?(GED)		<input type="checkbox"/> Yes <input type="checkbox"/> No					
c. Check number of years of post high school education		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 or more					
Name and Location of Institution Attended		Hours	Degree Received	Major or Specialty	Minor	Dates Attended	
1							
2							
3							
d. If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected completion date:							
<b>9. EXPERIENCE — Use Supplementary Experience Form(s) for additional space. Starting with the most recent, describe ALL paid, military and applicable voluntary experience. Highlight your knowledge, skills and abilities which best demonstrate your qualifications for this position. You may list significantly different jobs within the same organization as separate items.</b>							
a. Job Title:		Employer:					
Description of Duties:		Employer Address:					
		Employer Phone:					
		Supervisor's Name:					
Salary (start)	Start:	Finish:	Reason for Leaving:				
Dates (mo./yr.)	From:	To:					
Full-time	Part-time	Hours/week	Your name if different from present				
b. Job Title:		Employer:					
Description of Duties:		Employer Address:					
		Employer Phone:					
		Supervisor's Name:					
Salary (start)	Start:	Finish:	Reason for Leaving:				
Dates (mo./yr.)	From:	To:					
Full-time	Part-time	Hours/week	Your name if different from present				

c. Job Title:		Employer:	
Description of Duties:		Employer Address:	
		Employer Phone:	
		Supervisor's Name:	
Salary	Start:	Finish:	
Dates (mo./yr.)	From:	To:	
Full-time	Part-time	Hours/week	Your name if different from present

d. Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops, and special achievements or specialized skills:

e. License, certificate or other authorization to practice a trade or profession.

Type	License Number	Granted by (licensing board)

#### 10. Personal & Professional REFERENCES

List names, addresses and relationships of 4 persons not related to you who know you; including 2 personal & 2 professional. Do we have permission to contact these people? Circle one: YES NO

Name	Address	Phone	Relationship

#### 11. MISCELLANEOUS

- a. For purposes of compliance with The Immigration Reform and Control Act, are you legally eligible for employment in the United States?  
☐ Yes ☐ No. Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect should you be employed.
- b. Are you willing to provide your own transportation if necessary, for your training? ☐ Yes ☐ No.
- c. Have you ever been convicted, found guilty, plead guilty or entered a plea of nolo contendere for any violation(s) of law, except minor traffic offenses including offenses? ☐ Yes ☐ No. Do you consent to a check of closed records? ☐ Yes ☐ No.  
Description of offense:  
Statute or ordinance (if known ): \_\_\_\_\_ Date of Charge: \_\_ / \_\_ / \_\_\_\_ Date of Conviction: \_\_ / \_\_ / \_\_\_\_  
County, City, State of Conviction: \_\_\_\_\_  
(For additional convictions use plain paper. Include all information listed above.)

I hereby certify that all of the information contained in this and supporting documents is true, and may be verified. I consent to the release of information for purposes of background check as well as reference checks. I understand that if any information is found to be false, I may forfeit my position in this training and will be refunded all funds paid except for the \$200.00 cost of books and criminal background check.

Applicant name \_\_\_\_\_ (please print)

Applicant signature \_\_\_\_\_ Date \_\_\_\_\_

**Agapé Home Care Training Center  
Criminal History Disclosure Statement**

I, \_\_\_\_\_ (print name), have never been:

1. Convicted of any crime against children or other person: Aggravated murder; first or second degree murder; first or second degree kidnapping; first, second, or third degree assault; first, second, or third degree assault of a child; first, second, or third degree rape; first, second, or third degree rape of a child; first or second degree robbery; first degree arson; first degree burglary; first or second degree manslaughter; first or second degree extortion; indecent liberties; incest; vehicular homicide; first degree promoting prostitution; communication with a minor; unlawful imprisonment; simple assault; sexual exploitation of minors; first or second degree criminal mistreatment; endangerment with a controlled substance; child abuse or neglect as defined in the Code of Virginia Title 18.2-30-67.5; first or second degree custodial interference; first or second degree custodial sexual misconduct; malicious harassment; first, second, or third degree child molestation; first or second degree sexual misconduct with a minor; patronizing a juvenile prostitute; child abandonment; promoting pornography; selling or distributing erotic material to a minor; custodial assault; violation of child abuse restraining order; child buying or selling; prostitution; felony indecent exposure; criminal abandonment; or any of these crimes as they may be renamed in the future.
2. Convicted of crimes relating to financial exploitation if the victim was a vulnerable adult: a conviction for first, second, or third degree extortion; first, second or third degree theft; first or second degree robbery; forgery; or any of these crimes as they may be renamed in the future.
3. Convicted of crimes related to drugs: "relating to drugs" means a conviction of a crime to manufacture, delivery, or possession with intent to manufacture or deliver a controlled substance.
4. Found in any dependency action under Title 18.2-361 Code of Virginia, to have sexually assaulted or exploited any minor or to have physically abused any minor.
5. Found by a court in a domestic relations proceeding under Title 18.2-361 COV to have sexually abused or exploited any minor or to have physically abused any minor.
6. Found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person or to have abused or financially exploited any vulnerable adult, or
7. Found by a court in a protection proceeding under Title 18.2-369 COV to have abused or financially exploited a vulnerable adult.

By printing your name at the top of the page, you are stating that you have not been convicted of any crime listed in numbers one (1) through seven (7). **Any Misdemeanor or Felony convictions must be disclosed on this statement.** The information on this form is subject to verification. If your background check reveals any convictions not disclosed on this statement, you may be fired immediately or not eligible for hire with Agapé Home Care.

**Have you been convicted of a Misdemeanor or Felony? YES or NO (circle answer)** If YES - What was the year and nature of the conviction? \_\_\_\_\_

**Have you ever been convicted of a crime within or outside Virginia (but excluding offenses committed before your 18th birthday that were finally adjudicated in a juvenile court or under a youth offender law)? YES or NO (circle answer)** If YES, what year was the conviction? \_\_\_\_\_

**Are you the subject of any pending criminal charges within or outside Virginia? YES or NO (circle answer)** If yes, explain the nature of the convictions. \_\_\_\_\_

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

**AGAPÉ HOME CARE TRAINING CENTER**  
**CRIMINAL BACKGROUND CHECK**

Student Name (last, first, middle): \_\_\_\_\_

Maiden Name/alias: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sex: ☐ male ☐ female Race: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Address: \_\_\_\_\_

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



**Agapé Home Care Training Center**

**Medication Aide Training Finger Stick for Blood Sugar Testing Waiver**

I \_\_\_\_\_ understand that as part of my training as a Medication Aide, I will be required to participate in finger sticks to check my blood sugar, and to check the blood sugar of other students as well as clients/residents at the clinicals location.

I further understand the need for this educational activity for me and for my fellow students, and understand that the correct Virginia Board of Nursing approved techniques & safety will be taught along with this skill.

I agree to participate in this activity, and will follow all directions & precautions given by the instructor at all times.

I will not hold Agapé or its instructors responsible for any negative incidents that may happen during this training or testing.

Medication Aide Student Signature \_\_\_\_\_

Date \_\_\_\_\_