

Application For Employment

Date : _____

Applying For : _____



Applicant Information

Name: _____
(LAST) (FIRST) (MIDDLE)

Address: _____
(STREET) (CITY) (STATE) (ZIP)

Home Phone: _____ Cell: _____

How did you learn of this opening?

Spring Village Website Walk-in Newspaper Internet Advertisement

Spring Village Team Member Referral

Name of Team Member: _____

Other: _____

General Information

Part-Time

Full-Time

On-Call

What days are you available to work? (Select all)

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

If hired, what is your start date?

_____/_____/_____

Can you work evenings?

Yes No

Desired Salary:

\$ _____

We are an Equal Opportunity Employer (EOE)

Spring Village is an equal opportunity employer and will not discriminate against any employee or applicant on the basis of age, color, disability, gender, national origin, race, religion, sexual orientation, veteran status, or any status, or any classification protected by federal, state, or local law.

Consistent with its obligations under federal law each company that is a federal contractor or subcontractor is committed to taking affirmative action to employ and advance in employment qualified women, minorities, disabled individuals, special disabled veterans, veterans of the Vietnam era and other eligible veterans.

Have you ever applied to / worked for Spring Village before?

Yes Dates applied and/or position held: _____

No

Do you have any friends or relatives currently working for Spring Village?

Yes Name & Relationship : _____

No

If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States? Yes No

If hired, are you willing to submit a controlled substance test? Yes No

Are you able to perform the essential functions of the job for which you are applying, either with / without reasonable accommodation? Yes No

If No, describe the functions that cannot be performed. _____

(Note: Spring Village complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.)

Have you ever been convicted of a criminal offense (felony or misdemeanor)?

Yes No

If yes, please describe the crime(s) - state the nature of the crime(s), when and where convicted and disposition of the case. _____

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Education, Training, and Experience

High School:

School Name: _____

Address: _____

City, State, Zip: _____

Number of years completed: _____

Did you graduate? Yes No

Degree / diploma earned: _____

College / University

School Name: _____

Address: _____

City, State, Zip: _____

Number of years completed: _____

Did you graduate? Yes No

Degree / diploma earned: _____

Vocational:

School Name: _____

Address: _____

City, State, Zip: _____

Number of years completed: _____

Did you graduate? Yes No

Degree / diploma earned: _____

Employment History

Are you currently employed? Yes No
If Yes, may we contact your current employer? Yes No

Please describe past and present employment positions, dating back five years. Please account for all periods of unemployment. Even if you have attached a resume, this section must be complete.

Name of Employer: _____
Name of Supervisor: _____
Telephone Number: _____
Business Type: _____
Address: _____
City, State, Zip: _____
Length of Employment (include dates): _____
Position & Duties: _____
Reason for Leaving: _____
May we contact this employer for reference? Yes No

Name of Employer: _____
Name of Supervisor: _____
Telephone Number: _____
Business Type: _____
Address: _____
City, State, Zip: _____
Length of Employment (include dates): _____
Position & Duties: _____
Reason for Leaving: _____
May we contact this employer for reference? Yes No

Name of Employer: _____
Name of Supervisor: _____
Telephone Number: _____
Business Type: _____
Address: _____
City, State, Zip: _____
Length of Employment (include dates): _____
Position & Duties: _____
Reason for Leaving: _____
May we contact this employer for reference? Yes No

References

List below three persons who have knowledge of your work performance within the last four years.

Name: _____
Address: _____
City, State, Zip: _____
Telephone Number: (____) _____ - _____ Occupation: _____
Relationship to you: _____

Name: _____
Address: _____
City, State, Zip: _____
Telephone Number: (____) _____ - _____ Occupation: _____
Relationship to you: _____

Name: _____
Address: _____
City, State, Zip: _____
Telephone Number: (____) _____ - _____ Occupation: _____
Relationship to you: _____

Name: _____
Address: _____
City, State, Zip: _____
Telephone Number: (____) _____ - _____ Occupation: _____
Relationship to you: _____

Please explain any gaps in employment: _____

Please tell us about any special skills, experiences, or certifications which are relevant to the position you are seeking:

Please Read & Initial Each Paragraph, then Sign Below

I certify that I have not purposely withheld any information that might adversely affect my chances for hiring. I attest to the fact that the answers given by me are true and correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of material fact on this application or on any documents used to secure, can be grounds for rejection of application or, if I am employed by this company, terms for my immediate expulsion from the company.

(Initial)

I understand that if I am employed, my employment is not defined and can be terminated at any time either with or without prior notice, and by either me or the company.

(Initial)

I permit the company to examine my references, records of employment, education record, and any other information I have provided. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers, and all other persons, corporations partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such examination or revelation.

(Initial)

Applicant's Signature: _____

Date: _____

Our Commitment is to help seniors who have memory challenges to live with dignity on their own terms. Memory care with love and understanding begins the day your family member walks into our community.

