



WESTMINSTER VILLAGE

EMPLOYMENT APPLICATION

Please print clearly. If you need help to fill out this application form or for any phase of the employment process, please notify the person who gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time. Please complete all sides of the form. If more space is needed to complete any question, use an extra sheet of paper.

All qualified applicants will receive consideration without discrimination because of race, color, religion, sex, age, disability, veteran status, or national origin. All qualified applicants with a disability that may impact the essential functions of the position sought must notify the interviewer if reasonable accommodation may be necessary.

Westminster Village is a non-profit life care retirement community.

Name: _____

Date: _____

Position Applied For: _____

How were you referred to this position? _____

GENERAL INFORMATION

Last Name	First Name	Middle Name	Social Security Number
Street Address		Apt. #	Telephone Number ()
Mailing Address		Apt. #	E-Mail Address
City	State	Zip Code	Alternate Telephone Number ()
Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	Applicants under the age of 18 will need to obtain parental permission for mandatory tuberculosis and drug testing and emergency medical treatment.	Can you legally work in the U. S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	(Employment is subject to verification that you are of minimum legal age and can work legally in the U.S.)
Have you ever been convicted of any crime (including misdemeanor), or pleaded guilty or "No contest" to a crime? (Answering "yes" will not automatically disqualify you for employment.) Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain:			
If you have ever used any name(s) for employment other than the name noted above, please list.			Type of employment you are seeking: <input type="checkbox"/> Full Time <input type="checkbox"/> PRN <input type="checkbox"/> Part Time
Shift(s) preferred: (Specify Day, Evening or Night)		Date available: <input type="checkbox"/> Immediately <input type="checkbox"/> Upon _____ weeks notice (Check One) <input type="checkbox"/> Other _____	
Have you ever worked here before? Yes No	If yes, when? What department?	Supervisor:	

EDUCATION

School	Name and Address of School	Course of Study	Circle Last Year Completed				Did You Graduate?	If no, have you obtained a G.E.D.? <input type="checkbox"/> Yes <input type="checkbox"/> No
			9	10	11	12		
High School							<input type="checkbox"/> Yes <input type="checkbox"/> No	List Diploma or Degree:
College or University		Major: Minor:	1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School			1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Education								

SKILLS AND QUALIFICATIONS

List office or technical skills or any other skills related to the position which you are seeking. _____

List any volunteer activities which may relate to the position which you are seeking. (Do not include any religious, ethnic or political affiliations.) _____

PROFESSIONAL LICENSES, CERTIFICATIONS AND MEMBERSHIPS

List your professional license number and the state in which you are currently licensed; and all states in which previously licensed, with expiration dates.

List all states in which you are currently or have previously been certified.

List memberships in professional and trade associations that are relevant to the position for which you are applying.

Are you currently excluded, suspended, debarred or otherwise ineligible to participate in federal health care programs? Yes No
If yes, please explain:

Have you ever been disciplined, suspended or terminated from employment due to abuse, neglect or exploitation of a resident or patient? Yes No

Has your license ever been suspended or revoked? Yes No If yes, in what state? _____
If yes, please explain:

EMPLOYMENT HISTORY (Please list for the past seven years only)

List complete employment history: 1) begin with current or most recent position; 2) include military experience which may relate to position for which you are applying; 3) include all positions, regardless of their relation to the position for which you are applying; Please use an extra sheet of paper if more space is needed.

Employer (Company Name)		Employment Dates From: Mo. _____ Yr. _____ To: Mo. _____ Yr. _____		Telephone Number	
Full Name of Supervisor		Company Street Address			
Title of Position You Held		City		State	Zip Code
Summarize Your Job Duties:				Your Status:	
				<input type="checkbox"/> Full-Time	
				<input type="checkbox"/> Part-Time	
				<input type="checkbox"/> PRN	
				<input type="checkbox"/> Temporary	
Reason For Leaving					
May we contact your present employer for reference/verification purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No					

Employer (Company Name)		Employment Dates From: Mo. _____ Yr. _____ To: Mo. _____ Yr. _____		Telephone Number	
Full Name of Supervisor		Company Street Address			
Title of Position You Held		City		State	Zip Code
Summarize Your Job Duties:				Your Status:	
				<input type="checkbox"/> Full-Time	
				<input type="checkbox"/> Part-Time	
				<input type="checkbox"/> PRN	
				<input type="checkbox"/> Temporary	
Reason For Leaving					

Employer (Company Name)		Employment Dates From: Mo. _____ Yr. _____ To: Mo. _____ Yr. _____		Telephone Number	
Full Name of Supervisor		Company Street Address			
Title of Position You Held		City		State	Zip Code
Summarize Your Job Duties:				Your Status:	
				<input type="checkbox"/> Full-Time	
				<input type="checkbox"/> Part-Time	
				<input type="checkbox"/> PRN	
				<input type="checkbox"/> Temporary	
Reason For Leaving					

REFERENCES

List Three (Not Relatives)			
Name	Address	Occupation	Telephone
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____

DRIVING RECORD INFORMATION

Driver's License Number _____ State _____ Has any Driver's License you ever held been: Suspended? ____ Revoked? ____

If yes, when? _____ Why? _____

Please list the number of traffic violations which you have received within the past three (3) years (do not include parking tickets):

Date of Violation	Violation	Court Location	Date of Conviction	Disposition and Fine

Please list the number of accidents which you have had within the past three (3) years:

Date of Accident	City and State	Brief Description of Accident

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY

I UNDERSTAND:

that completing this application does not constitute an offer of employment and that my application may be rejected for any reason;

that giving false or misleading information on this form, during an interview, or during any other portion of the pre-employment process is grounds for denial or immediate termination of employment; that the company will complete a job and a criminal history reference;

that I will be required to undergo a Tuberculin Test, and may be required to complete a medical history form and may also be required to be examined by a medical professional designated by the company;

that if I sustain any injury or illness while on duty and in the employment of this organization, I agree that this organization shall be entitled to receive full and complete reports and records covering any medical or related examinations, and I authorize any and all such doctors, medical examiners and hospitals to give this organization full and complete reports and records covering such examinations, condition, care and treatment related to or resulting from the alleged injury or illness;

that the use of controlled substances or illegal drugs is prohibited during employment. Likewise, working under the influence of alcohol is also prohibited. If employment policy requires, I am willing to submit to drug or alcohol testing to detect the use of illegal drugs or alcohol prior to and/or during employment;

that this application will be considered active for the next thirty (30) days. To be considered after this period, I will need to re-apply.

AUTHORIZATION:

I authorize the investigation of all statements contained in this application; including but not limited to my past employment history, medical history, scholastic record, criminal activity, federal health care eligibility, motor vehicle driving record, and workers' compensation history. I authorize all persons and organizations to release any information concerning my background and hereby release all persons and organizations from liability for any damage whatsoever for issuing this information. I understand that misinformation stated on this employment application or given during the interview process is sufficient for the rescinding of a conditional offer of employment, or termination of employment if I am, in fact, employed by this organization.

I understand that nothing contained in this employment application or in the granting of an interview or in any policies, procedures or handbooks that I might receive is intended to create an employment contract between the company and myself for either employment or for the providing of any benefit. If an employment relationship is established, I understand that I have the right to terminate my employment with due notice at any time and for any reason; and the company retains the right to terminate the employment relationship at any time and for any reason. I understand that any oral or written statements to the contrary are expressly disavowed unless they are in writing from the Executive Director of the company.

Signature of Applicant: _____ **Date:** _____