

**LAUREL VIEW VILLAGE
2000 CAMBRIDGE DRIVE
DAVIDSVILLE, PA 15928**

APPLICATION FOR EMPLOYMENT

PLEASE DETACH FOR FUTURE REFERENCE

Thank you for considering employment with Laurel View Village. You may take this application for employment with you and return it at your convenience.

Read the application carefully before completing. Print or type ALL of the information called for by the application. Your signature and the date of submission should be entered at the end of the form.

Because we keep all applications active and on file for a period of one year, we will not update your application until 60 days prior to the expiration date of your application, unless there is a change in the information appearing on your application, such as schooling, additional certification, change of address, change in telephone number, etc.

Laurel View Village

APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

Applicants are considered for all positions without regard to Race, color, religion, sex, national origin, age, marital or veteran status, Disability or any other legally protected status.

PLEASE READ CAREFULLY

Filing an application does not assure that you will be employed. The information requested in this application is intended for the purpose of determining abilities, characteristics, and skills required for employment and proper job placement.

AGREEMENT AND SIGNATURE

PLEASE READ THE FOLLOWING PARAGRAPHS BEFORE YOU SIGN THIS APPLICATION BECAUSE YOUR SIGNATURE CONSTITUTES YOUR AGREEMENT THERETO IN RETURN FOR THE CONSIDERATION OF YOUR APPLICATION.

I authorize Laurel View Village, and any employees or agents thereof, to make whatever inquiries they deem necessary of any person, educational institution or organization to verify any of the information given to my application for employment and to determine my qualifications and abilities.

In filing this application, I declare that my answers are true and complete. I understand that I will be dismissed if, after employment, it is learned that any of my answers on this application, or any supplement thereto, or in any pre-employment interview were false or incomplete.

I agree to take my physical or other examinations required of me by Laurel View Village prior to placement.

I also authorize and request every medical doctor, school official, law enforcement official, government official, court official and any other person, firm, officer, corporation, association, organization, institution, or entity having control of any document, record, or other information, including personal opinion or belief, pertaining to me or to my application for employment, to furnish the originals or copies of any documents or records and other information to Laurel View Village or to any representative agency or entity, acting on Laurel View Village's behalf, to inspect or make copies of the such documents, records or other information. I hereby release and exonerate every medical doctor, school official, firm, officer, corporation, association, organization, institution or other entity which shall comply with the foregoing authorization or request from any and all liability of whatsoever nature and kind. I am willing that a copy of this document be accepted with the same authority as the original.

If I am accepted as an employee, I agree to obey all rules, regulations and policies of Laurel View Village. I further agree that if I am employed and thereafter suffer personal injuries for which I make a claim against Laurel View Village, I shall submit to an examination by any doctor or doctors selected by the company as often as deemed necessary. My failure to comply with the company's requirements in this respect shall constitute a waiver of my claim and an abatement of any right of action thereon. In the event Laurel View Village should wish to use my photograph in connection with publicity or sales purposes, I hereby give my permission for such use without any further consideration.

I agree that, if given employment on any basis, Laurel View Village may subsequently terminate my employment at any time at its discretion.

I hereby acknowledge and agree that, under the terms of employment at Laurel View Village, only the facility is entitled to claim or receive any fees or charges for services performed by me as an employee of the facility.

Signature _____ Date _____

**LAUREL VIEW VILLAGE
APPLICATION FOR EMPLOYMENT**

Date of Application _____

Position Applied For: _____

Referral Source: _____Advertisement _____Friend _____Relative
 _____Walk-In _____Employment Agency _____ Other

Name _____
 Last First Middle

Address _____
 Street Number City State Zip Code

Telephone () _____ Social Security _____/_____/_____

Hours and Days Available to Work: _____

If employed and under 18, can you
Furnish a work permit? () YES () NO

Have you filled out an application here before?
If yes, give date _____ () YES () NO

Have you ever been employed here before?
If yes, give date _____ () YES () NO

Are you employed now? () YES () NO

May we contact your present employer? () YES () NO

Are you legally permitted to work in this country?
If yes, will you be prepared to produce proof at the
Time of hire in accordance with the Immigration
Reform and Control Act of 1986? () YES () NO

On what date would you be able to work? _____

Have you ever been convicted of a felony within
the last seven years? () YES () NO
If yes, please explain _____

FOR OFFICE USE ONLY

Supervisor Signature (face to face interview)

Date

EDUCATION

Elementary

High School

College

Other

School _____

Years Completed _____

Diploma, Degree or Course of Study _____

LICENSE/CERTIFICATION INFORMATION (If Applicable)

State License Number _____ Expiration Date _____

Year/Month License Certified _____

MILITARY EXPERIENCE

Veteran of the U.S. Military Service? () YES () NO

If yes, list branch of Service _____ Years Served _____

Duties Performed _____

REFERENCES

Please provide the name, address, telephone number of three references other than present and former employers. Do not include relatives.

1. _____

2. _____

3. _____

EMPLOYMENT EXPERIENCE

Please list present or most recent employer first. Include part-time, Military Service assignments and volunteer activities. If additional space is needed, continue on a separate sheet of paper.

1. EMPLOYER _____ TELEPHONE _____
ADDRESS _____
POSITION _____ SUPERVISOR _____
DATE EMPLOYED FROM _____ TO _____
BEGINNING WAGE _____ ENDING WAGE _____
REASON FOR LEAVING _____
PRIMARY RESPONSIBILITIES _____

2. EMPLOYER _____ TELEPHONE _____
ADDRESS _____
POSITION _____ SUPERVISOR _____
DATE EMPLOYED FROM _____ TO _____
BEGINNING WAGE _____ ENDING WAGE _____
REASON FOR LEAVING _____
PRIMARY RESPONSIBILITIES _____

3. EMPLOYER _____ TELEPHONE _____
ADDRESS _____
POSITION _____ SUPERVISOR _____
DATE EMPLOYED FROM _____ TO _____
BEGINNING WAGE _____ ENDING WAGE _____
REASON FOR LEAVING _____
PRIMARY RESPONSIBILITIES _____

4. EMPLOYER _____ TELEPHONE _____
ADDRESS _____
POSITION _____ SUPERVISOR _____
DATE EMPLOYED FROM _____ TO _____
BEGINNING WAGE _____ ENDING WAGE _____
REASON FOR LEAVING _____
PRIMARY RESPONSIBILITIES _____

OTHER RELATED INFORMATION

Please list Professional, Trade, Business or Civic Activities and offices held as well as any additional training, knowledge, skills, qualifications, publications or awards that will be helpful to us in considering your application for employment. (You may exclude those of which indicate race, color, religion, sex, or national origin):

Signature

Date

=====
FOR OFFICE USE ONLY
=====

Date Started _____ Position _____

Classification (Circle): FT / PT (30-59 hrs) / PT (less than 30 hrs) / Temp.

Hours _____ Pay Rate _____

SELF IDENTIFICATION

NAME _____ DATE _____
(Please Print)

POSITION FOR WHICH YOU ARE APPLYING:

We as an employer wish you to voluntarily comply with various laws and regulations which require us to file annual statistical reports on applicants for employment. In addition, we wish to voluntarily comply with the various laws and regulations which protect the handicapped, disabled veterans and veterans who served on active duty during the Vietnam-era for more than 180 days. Submission of this information by you is voluntary. Please be assured that you will not be subject to any adverse treatment if you do not provide the information requested.

APPLICANTS IDENTIFYING THEMSELVES AS DISABLED:

1. Are you a disabled individual or do you have any physical condition or handicap which may limit your ability to perform the position(s) for which you are applying?
_____ Yes _____ No
2. If yes, do you possess or can we provide you with any special methods, skills, or procedures that might qualify you for positions you might not otherwise be able to do because of your disability?

You are not required to provide the above information concerning a disability. If you do, it will be kept confidential, with the following exceptions:

- * Supervisors may be informed if accommodations are necessary or if your work duties are restricted.
- * Government representatives may be provided information in compliance with various laws and regulations.

APPLICANTS IDENTIFYING THEMSELVES AS DISABLED VETERANS OR VIETNAM-ERA VETERANS

1. Are you a disabled veteran? _____ Yes _____ No
2. Are you a Vietnam-era veteran who served on active duty for more than 180 days during the Vietnam-era? _____ Yes _____ No

APPLICANTS IDENTIFYING THEIR SEX AND RACE:

SEX CLASSIFICATION

_____ Male _____ Female

EEO CLASSIFICATION

- _____ White (Not of Hispanic Origin)
- _____ Black (Not of Hispanic Origin)
- _____ Hispanic
- _____ Asian or Pacific Islander
- _____ American Indian or Alaskan Native

Signature

Date
