

2000 Cambridge Drive Davidsville, PA 15928 Phone: 814-288-2724 Fax: 814-288-4278

We are an Equal Opportunity Employment company. We are dedicated to a policy of non-discrimination in employment on any basis including race, color, religion, sexual orientation, national origin, age, disability, or gender.

APPLICATION FOR EMPLOYMENT . .

. . .

	(piedse print)	1			
PERSONAL INFORMAT	ION		Date		
Name					
Last	First			Middle	
Present Address					
Previous Address					
(Mi	ust complete if resided outside of PA within last	2 years)			
		•			
Phone numbers 1 st	Accept Text Y/N		2 nd		
EMPLOYMENT DESIRE	D	Email:			
Desition	 Date Available		Sali	Desired	
Position			Jdic	ary Desired	
Are you employed now	? May we inquire o	f your pres	ent emplc	yer?	
Have you applied at La	urel View Village before? Yes	No			
Have you ever been co	nvicted of a crime, felony offense or misder	meanor?	Yes	No	
If yes, give details:					
	tion may not necessarily bar you from employment. C	Criminal recor	d checks are		
,					
EDUCATION	Name & Location of School	Number of Years Attended	Did you Graduate ?	Subjects Studied	
		Attenueu	ŗ		

	Name & Location of School	Attended	?	Subjects Studied
Grammer School				
High School				
Nursing School, College				
Trade, Correspondence, or Business School				

U.S. Military Service Branch

HOW DID YOU HEAR ABOUT OUR EMPLOYMENT OPPORTUNITIES?

(Please indicate how, ex. Indeed, Facebook, Employee Referral):						
Walk-in	Job Fair Website					
Employee Referral	Other					
EMPLOYMENT AV	AILABILITY, CHECK ALL THAT APPLY:					
Employment Desired: Full-time Part-time Seasonal PRN (as needed)						
Hours Available: Days Evening Nights Weekends						
VOLUNTEER EXPER	RIENCE					
EMPLOYMENT EXPERIENCE Below, please list your last four employers, starting with the most recent. Incomplete information will delay processing of your application.						
DATE MONTH & YEAR	NAME, PHONE, ADDRESS OF EMPLOYER	IMMEDIATE SUPERVISOR	SALARY	POSITION		SON FOR AVING
FROM	АМЕ					
то	PHONE					
	ADDRESS				<u> </u>	
FROM	NAME	_				
то	PHONE	_				
	ADDRESS					
FROM	NAME					
то	PHONE					
	ADDRESS					
FROM	NAME					
то	PHONE					
	ADDRESS				L	
REFERENCES	Below, provide the names of three persons not work references and one personal reference an *Students: please include at least one teacher	e preferred.			n at least	t 1 year. Two
NAME	ADDRESS	PHONE NU	MBER	BUSIN	ESS	YEARS ACQUAINTED

APPLICATION CONTINUES ON BACK PAGE AND MUST BE COMPLETED.

Are you physically able to perform, with reasonable accommodation, the duties of the job for which

you are applying? Yes

PRE-EMPLOYMENT STATEMENT (Read closely before signing.)

No

Integrity is a core value at Laurel View Village. I understand that any false answer, statement, representation or omission of information made by me in this application shall constitute sufficient cause for Laurel View Village to halt the employment process, rescind a job offer if already extended, or if already employed would be cause for immediate discharge. I confirm that the facts set forth on this application are true and complete.

If offered a job at Laurel View Village, I consent to taking a post offer physical examination with a designated Laurel View Village physician and understand that my employment may be contingent upon the results of this examination.

I agree to submit to any lawful drug, alcohol, or other testing that may be required as a condition of employment.

Were you ever dismissed from employment due to abuse of clients or residents?	Yes	No
Do you have any history or conviction of violent crime?	Yes	No
Have you resided in Pennsylvania without interruption for the last 2 years?	Yes	No

Laurel View Village complies with all federal and state laws and regulations including the requirement not to employ or contract with sanctioned individuals. Have you ever been listed by a federal agency as debarred, excluded or otherwise ineligible for participation in federally funded health programs? Yes No

Additionally, I hereby authorize Laurel View Village to conduct a full investigation into my employment history. I release Laurel View Village and all parties involved from all liability or responsibility for damages of any nature which may arise at any time, all companies, corporations, and/ or individuals supplying information that will be used to determine my qualification for employment.

Date:

Signature:

(If called for an interview, signature will be required at that time.)

Applicants Under the Age of 18, Please Note:

When working in a health care facility, employees are required to have a two-step tuberculin skin test (PPD) before the first day of employment and annually thereafter.

If you are selected for an interview, you will be provided with a written authorization form that must be signed by a parent or guardian.



JOIN OUR TEAM TODAY!