

There's more to life at...



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

(please print)

PERSONAL INFORMATION

Date _____

Name _____
Last First Middle

Present Address _____

Previous Address _____
(Must complete if resided outside of PA within last 2 years)

Phone numbers 1st _____ Accept Text Yes No 2nd _____

EMPLOYMENT DESIRED

Email: _____

Position _____ Date Available _____ Salary Desired _____

Are you employed now? Yes No May we inquire of your present employer? Yes No

Have you applied at Laurel View Village before? Yes No

Have you ever been convicted of a crime, felony offense or misdemeanor? Yes No

If yes, give details: _____

(A conviction may not necessarily bar you from employment. Criminal record checks are conducted on all new Team Members.)

EDUCATION

	Name & Location of School	Number of Years Attended	Did you Graduate ?	Subjects Studied
Grammer School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Nursing School, College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade, Correspondence, or Business School			<input type="checkbox"/> Yes <input type="checkbox"/> No	

U.S. Military Service Branch _____ Rank _____ Present membership in Guard or Reserves Y N

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 AVAILABILITY, CHECK ALL THAT APPLY:

Employment Desired: Full-time Part-time Seasonal PRN (as needed)

Hours Available: Days Evening Nights Weekends

VOLUNTEER EXPERIENCE

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	REASON FOR LEAVING
FROM	NAME				
TO	PHONE				
	ADDRESS				
FROM	NAME				
TO	PHONE				
	ADDRESS				
FROM	NAME				
TO	PHONE				
	ADDRESS				
FROM	NAME				
TO	PHONE				
	ADDRESS				

REFERENCES

Below, provide the names of three persons not related to you, whom you have known at least 1 year. Two work references and one personal reference are preferred.
 *Students: please include at least one teacher or counselor as a reference.

NAME	ADDRESS	PHONE NUMBER	BUSINESS	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 No

PRE-EMPLOYMENT STATEMENT (*Read closely before signing.*)

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.

Laurel View
VILLAGE



***JOIN OUR TEAM
TODAY!***