

**FRIENDS VILLAGE AT WOODSTOWN
APPLICATION FOR EMPLOYMENT**



ALL APPLICATIONS MUST BE PRINTED IN INK OR TYPED

1. PERSONAL:		
Full Name:		
Street Address:		
City, State, Zip:		
Daytime Telephone Number:		Evening Telephone Number:
Position(s) Desired:		Salary/Wage Desired:
Date Available to Start:		Desired Status:
Shift Availability: Day <input type="checkbox"/> Evening <input type="checkbox"/> Night <input type="checkbox"/> Weekends <input type="checkbox"/>		Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> ___ # Hrs/Week PRN <input type="checkbox"/>
2. LICENSES AND PROFESSIONAL DATA:		
LICENSE <input type="checkbox"/> Currently Licensed <input type="checkbox"/> Eligible for License Type: _____ State:___ Expiration Date: _____ Number: _____	REGISTRATION <input type="checkbox"/> Currently Registered <input type="checkbox"/> Eligible for Registration Type: _____ State:___ Expiration Date: _____ Number: _____	CERTIFICATION <input type="checkbox"/> Currently Certified <input type="checkbox"/> Eligible for Certification Type: _____ State:___ Expiration Date: _____ Number: _____
Are you under the age of 18? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, what is your age:		
Have you ever had a professional license/certification suspended, revoked or placed on probation? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, please explain:		
Do you have any convictions or any pending charges, in any state (excluding misdemeanor traffic violations)? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, please explain:		
Can you provide proof that you are eligible to work in the United States? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Have you ever worked at Friends Village? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, under what name and when:		
Have you every applied at Friends Village? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, when:		
Do you have any relatives currently employed at Friends Village? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, please list name, relationship and department:		
How did you find out about this employment opportunity at Friends Village?		

3. EDUCATIONAL BACKGROUND:			
High School (Name and Location):		Nursing/Medical Education (Name and Location):	
Graduated: <input type="checkbox"/> No <input type="checkbox"/> Yes		Graduated: <input type="checkbox"/> No <input type="checkbox"/> Yes	
Number of Years Completed:		Diploma or Degree:	
College Education (Name and Location)		Business/Technical or other Education:	
Graduated: <input type="checkbox"/> No <input type="checkbox"/> Yes		Graduated: <input type="checkbox"/> No <input type="checkbox"/> Yes	
Diploma or Degree:	Number of Years Completed:	Diploma or Degree:	Number of Years Completed:
4. VOLUNTEER WORK:		5. MILITARY BACKGROUND:	
Have you volunteered your time and talents? <input type="checkbox"/> No <input type="checkbox"/> Yes		Branch:	
Where:		Rank:	
Briefly describe volunteer work performed:		Dates of Service (Please provide a copy of your DD214) From: _____ To: _____	
		List any special training:	
6. EMERGENCY CONTACT:			
In case of emergency, notify (Name):		Relationship:	
Telephone (Home):		Telephone (Work):	
7. EMPLOYMENT HISTORY:			
Are you currently employed? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Name of Firm:		Briefly describe your duties:	
Address (Include City and State):			
Telephone:			
Your Position:			
Name of Immediate Supervisor:		Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> # Hrs/Week PRN <input type="checkbox"/>	
Dates of Employment From: _____ To: _____		Salary Starting Salary: _____ Ending Salary: _____	
Reason for Seeking Change:		May we contact your employer? <input type="checkbox"/> No <input type="checkbox"/> Yes	

NOT INCLUDING YOUR PRESENT EMPLOYER, DESCRIBE YOUR LAST 4 (FOUR) EMPLOYMENT POSITIONS STARTING WITH THE MOST RECENT:	
Name of Firm:	Briefly describe your duties:
Address (Include City and State):	
Telephone:	
Your Position:	
Name of Immediate Supervisor:	Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> ___ # Hrs/Week PRN <input type="checkbox"/>
Dates of Employment From: _____ To: _____	Salary Starting Salary: _____ Ending Salary: _____
Reason for Leaving:	May we contact this employer? <input type="checkbox"/> No <input type="checkbox"/> Yes
Name of Firm:	Briefly describe your duties:
Address (Include City and State):	
Telephone:	
Your Position:	
Name of Immediate Supervisor:	Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> ___ # Hrs/Week PRN <input type="checkbox"/>
Dates of Employment From: _____ To: _____	Salary Starting Salary: _____ Ending Salary: _____
Reason for Leaving:	May we contact this employer? <input type="checkbox"/> No <input type="checkbox"/> Yes
Name of Firm:	Briefly describe your duties:
Address (Include City and State):	
Telephone:	
Your Position:	
Name of Immediate Supervisor:	Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> ___ # Hrs/Week PRN <input type="checkbox"/>
Dates of Employment From: _____ To: _____	Salary Starting Salary: _____ Ending Salary: _____
Reason for Leaving:	May we contact this employer? <input type="checkbox"/> No <input type="checkbox"/> Yes
Name of Firm:	Briefly describe your duties:
Address (Include City and State):	
Telephone:	
Your Position:	
Name of Immediate Supervisor:	Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> ___ # Hrs/Week PRN <input type="checkbox"/>
Dates of Employment From: _____ To: _____	Salary Starting Salary: _____ Ending Salary: _____
Reason for Leaving:	May we contact this employer? <input type="checkbox"/> No <input type="checkbox"/> Yes

8. REFERENCES:**LIST AT LEAST THREE (3) BUSINESS REFERENCES WHO ARE NOT RELATIVES:**

Name and Relationship	Title	Company Name & Address	Telephone

9. PRE-EMPLOYMENT STATEMENT AND ACKNOWLEDGEMENT:

I understand and agree that:

1. The information that I have provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume, or any other materials, or during any interviews, can be justification of refusal of employment, or if employed, termination from the facility's employ.
2. Any offer of employment I may receive from the facility is contingent upon my successful completion of the facility's total pre-employment screening process, including the receipt of references that the facility considers satisfactory, and my satisfactory completion of any post offer pre-employment medical examination that the company may require. I also agree, if employed, to submit to a medical examination at any time at the facility's request. I hereby consent to having the results of any post offer pre-employment medical examination released from the medical professional performing the examination, hereby releasing him/her from any liability for damages arising from furnishing the information.
3. I authorize and request that all of my present and employers and those individuals I have listed as business references furnish information about my employment record, including a statement of the reason for termination of my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment, hereby releasing them from any liability for damages arising from furnishing the requested information.
4. I hereby authorize this facility to investigate my employment and personal history, including any inquiry concerning information on my criminal, credit and driving history, if appropriate. I understand that the facility will consider material contained in my criminal history records and other records solely for the employment decision. I am aware that if I am denied employment based on a report by a consumer-reporting agency, the facility will furnish the name and address of such agency upon my written request.
5. I hereby authorize this facility to verify with the appropriate education institution and/or professional licensing agency the educational history which I have provided here-in or in a resume or other document including the date(s) attended; course(s) taken; and degrees, certifications, or licenses received or issued and their current status.
6. In consideration of my employment, I agree to comply with the policies, rules, regulations, and procedures of the facility and understand that my employment and compensation can be terminated with or without cause or notice at any time, at the option of either the company or myself. I further understand that no manager or representative of this facility other than the Executive Director has authority to enter into any agreement with me for employment for any specified period of time or to make any agreement different from or contrary to the foregoing. I further understand that any such agreement, if made, shall not be enforceable unless it is in writing and signed by me and by the individual designated above.
7. I understand that Friends Village is an "at will" company, therefore nothing on this application is intended to create or imply a contractual relationship. If hired, the employee understands that employment is at will, i.e., that it is not for any specific time period or duration, and can be terminated with or without reason at any time. Employees are also free to terminate their employment with Friends Village at any time, for any reason or no reason, with or without notice. While employment policies or procedures may change from time to time, no member of management can change or alter the employee's at-will status.

Signature: _____ Date: _____

11. FOR OFFICE USE ONLY			
Hired? Yes <input type="checkbox"/> No <input type="checkbox"/>		See Comments Below	
References Checked?	Date Checked	By Whom	Personnel Notes (These notes are open to inspection-keep information factual)
Ref. #1 Yes <input type="checkbox"/> No <input type="checkbox"/>			
Ref. #2 Yes <input type="checkbox"/> No <input type="checkbox"/>			
Ref. #3 Yes <input type="checkbox"/> No <input type="checkbox"/>			

