

DATE

RATE

POSITION

NAME

Calvary Fellowship Homes Retirement Community

APPLICATION FOR EMPLOYMENT

If you need help to fill out this application form or for any phase of the employment process, please notify the person that gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time.

This application form is intended for use in evaluating your qualifications for employment. This is not a contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the applicant process or, if discovered after employment, terminating employment.



A Community of Faith & Fellowship

502 Elizabeth Drive, Lancaster, Pennsylvania 17601
Telephone: 717-393-0711 Fax 717-393-0998

PERSONAL DATA

| | | | | |
|--|-------|---|------------------------|--------|
| Last Name | First | Middle Initial | Social Security Number | |
| Address Street & Number | | City | State | Zip |
| Phone: | | | | |
| Are you 18 yrs. of age or older? Yes <input type="checkbox"/> No <input type="checkbox"/> | | Person to Notify in case of Emergency: Name: | | Phone: |
| U.S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/> | | Address: | | |
| List states and countries of residence for the past seven years: | | | | |
| _____ | | | | |
| _____ | | | | |

U.S. Military Record

Have you used any names or Social Security Numbers other than those on this page? Yes No

If so, please list. _____

| | | | | |
|------------------------|--------------|-----------------|-------------------|--|
| Branch of U.S. Service | Date Entered | Date Discharged | Type of Discharge | Are you a member of the Reserves? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Active <input type="checkbox"/> Inactive |
|------------------------|--------------|-----------------|-------------------|--|

GENERAL DATA

Position or Type of Work Desired

1. _____ 2. _____

| | | | |
|--|--|---|---|
| Seeking <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Part-Time <input type="checkbox"/> Pool | Shift Preferred Day <input type="checkbox"/> Evening <input type="checkbox"/> Night <input type="checkbox"/> | Available to work weekends? Yes <input type="checkbox"/> No <input type="checkbox"/> | Rate of Pay Expected: \$ _____ per _____ |
| Date Available to Start | Presently Employed? Yes <input type="checkbox"/> No <input type="checkbox"/> | Who referred you to Calvary Homes? | |

Have you been given a job description or had the requirements of the job explained to you? Yes No

Do you understand these requirements? Yes No

Can you perform the requirements of this job with or without reasonable accommodation? Yes No

NOTE: Do not fill out any part of this section you believe to be non-job related.

If the job requires, do you have the appropriate valid drivers license? Yes No

DL# _____ Type _____ State of Issue _____

Have you had any moving violations? Yes No

Please describe _____

List any other skills, licenses or certificates that may be job related or that you feel would be of value to this job or company:

EDUCATION

| | | | | | | | | | | | |
|--|--------------|--------|-------------|--------------|----|------------------------------------|----|----|----|----|-----|
| Please circle the highest grade completed. | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 16+ |
| Name | City / State | | | | | Courses of Study / Degree Received | | | | | |
| High School | | | | | | | | | | | |
| College | | | | | | | | | | | |
| Other | | | | | | | | | | | |
| Professional Licenses / Certifications | State Issued | Number | Date Issued | Renewal Date | | | | | | | |
| | | | | | | | | | | | |

Work Experience
(Begin with present or most recent employer)

| | | | |
|---|------------------------------|--|------------------------------|
| Name of Firm | | | Telephone Number |
| Complete Address | | | Zip Code |
| From _____ To _____ (mo/yr) (mo/yr) | Salary \$ _____ per _____ | Part-time <input type="checkbox"/> Full-time <input type="checkbox"/> | Name and Title of Supervisor |
| Your Job Title | | Description of Duties | |
| Reason for Leaving | | | |
| May we contact Current Employer? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |

| | | | |
|--|------------------------------|--|------------------------------|
| Name of Firm | | | Telephone Number |
| Complete Address | | | Zip Code |
| From _____ To _____ (mo/yr) (mo/yr) | Salary \$ _____ per _____ | Part-time <input type="checkbox"/> Full-time <input type="checkbox"/> | Name and Title of Supervisor |
| Your Job Title | | Description of Duties | |
| Reason for Leaving | | | |

| | | | |
|--|------------------------------|--|------------------------------|
| Name of Firm | | | Telephone Number |
| Complete Address | | | Zip Code |
| From _____ To _____ (mo/yr) (mo/yr) | Salary \$ _____ per _____ | Part-time <input type="checkbox"/> Full-time <input type="checkbox"/> | Name and Title of Supervisor |
| Your Job Title | | Description of Duties | |
| Reason for Leaving | | | |

If more than 3 previous employers, list others below, and/or any volunteer work:

| Employment Date From To | Company Name, Address & Zip Code | Position or Type of Work | Reason for Leaving |
|----------------------------|----------------------------------|-----------------------------|--------------------|
| | | | |
| | | | |
| | | | |
| | | | |

Personal References
(no relatives)

(Please list only individuals familiar with your professional skills or work abilities.)

| | Name of Reference | Address | Zip Code | Phone |
|----|-------------------|---------|----------|-------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |

All qualified applicants will receive consideration without discrimination. This facility does not discriminate in hiring or any other decision on the basis of race, color, sex, marital status, citizenship, religion, national origin, ancestry, Vietnam era veteran status, or on the basis of age, or the presence of physical or mental disability unrelated to the ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination.

Pre-Employment Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize the investigation of my personal or employment history and authorize any former employer, person, firm, corporation, credit agency, or government agency to give Calvary Homes any information they may have regarding me without liability. In exchange for the review of this employment application by Calvary Homes, I release all providers of information from any liability as a result of furnishing and receiving information.

In the event of employment, I understand that false, misleading or incomplete information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of Calvary Homes. I consent to taking a complete post-offer physical examination and understand that my future employment may be determined by the results of this examination.

In consideration of my employment, I agree that my employment and compensation is "at will" and can be terminated with or without notice at any time by either Calvary Homes or myself. I agree that, if employed, I will conform my conduct to the rules and regulations established by Calvary Homes.

I also understand that the use of illegal drugs is prohibited during employment. Company policy requires that I am willing to submit to drug testing to detect the use of illegal drugs to and during employment.

Signature

Date

ALL APPLICANTS:

I, _____ have had no history or conviction for a violent crime and was never dismissed from employment due to abuse of clients or residents.

I understand that I am required to submit to a criminal history check as part of the Older Adult Protective Services Act. Conviction of one or more of the crimes listed in the Act (a copy of which has been made available to me) will result in a denial or termination of my employment. I swear and affirm that I am not disqualified from employment by reason of this Act.

Applicant's Signature

Date

Employment Application Policy

All applications will be kept on file for a ninety day period. Every time a job opening for the position or "Type of Work Desired" occurs, during that time period, applications will be reviewed automatically. Applications will be examined monthly and all "expired" forms will be removed and destroyed. If an applicant updates his or her application, the ninety day clock will be restarted.