

# Application For Employment

Date : \_\_\_\_\_

Applying For : \_\_\_\_\_



## Applicant Information

Name: \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

Address: \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

### How did you learn of this opening?

- Spring Village Website     Walk-in     Newspaper     Internet Advertisement  
 Spring Village Team Member Referral

Name of Team Member: \_\_\_\_\_

Other: \_\_\_\_\_

## General Information

Part-Time

Full-Time

On-Call

### What days are you available to work? (Select all)

- Monday     Tuesday     Wednesday     Thursday     Friday     Saturday     Sunday

### If hired, what is your start date?

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

### Can you work evenings?

- Yes     No

### Desired Salary:

\$ \_\_\_\_\_

#### We are an Equal Opportunity Employer (EOE)

Spring Village is an equal opportunity employer and will not discriminate against any employee or applicant on the basis of age, color, disability, gender, national origin, race, religion, sexual orientation, veteran status, or any status, or any classification protected by federal, state, or local law.

Consistent with its obligations under federal law each company that is a federal contractor or subcontractor is committed to taking affirmative action to employ and advance in employment qualified women, minorities, disabled individuals, special disabled veterans, veterans of the Vietnam era and other eligible veterans.

### Have you ever applied to / worked for Spring Village before?

- Yes    Dates applied and/or position held: \_\_\_\_\_  
 No

### Do you have any friends or relatives currently working for Spring Village?

- Yes    Name & Relationship : \_\_\_\_\_  
 No

**If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States?**  Yes  No

**If hired, are you willing to submit a controlled substance test?**  Yes  No

**Are you able to perform the essential functions of the job for which you are applying, either with / without reasonable accommodation?**  Yes  No

*If No, describe the functions that cannot be performed.* \_\_\_\_\_

(Note: Spring Village complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.)

**Have you ever been convicted of a criminal offense (felony or misdemeanor)?**

Yes  No

*If yes, please describe the crime(s) - state the nature of the crime(s), when and where convicted and disposition of the case.* \_\_\_\_\_

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

## **Education, Training, and Experience**

### **High School:**

School Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Number of years completed: \_\_\_\_\_

Did you graduate?  Yes  No

Degree / diploma earned: \_\_\_\_\_

### **College / University**

School Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Number of years completed: \_\_\_\_\_

Did you graduate?  Yes  No

Degree / diploma earned: \_\_\_\_\_

### **Vocational:**

School Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Number of years completed: \_\_\_\_\_

Did you graduate?  Yes  No

Degree / diploma earned: \_\_\_\_\_

## Employment History

Are you currently employed?       Yes       No  
If Yes, may we contact your current employer?       Yes       No

*Please describe past and present employment positions, dating back five years. Please account for all periods of unemployment. Even if you have attached a resume, this section must be complete.*

Name of Employer: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Business Type: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Length of Employment (include dates): \_\_\_\_\_  
Position & Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
May we contact this employer for reference?       Yes       No

Name of Employer: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Business Type: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Length of Employment (include dates): \_\_\_\_\_  
Position & Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
May we contact this employer for reference?       Yes       No

Name of Employer: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Business Type: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Length of Employment (include dates): \_\_\_\_\_  
Position & Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
May we contact this employer for reference?       Yes       No

## References

List below three persons who have knowledge of your work performance within the last four years.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Occupation: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Occupation: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Occupation: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Occupation: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Please explain any gaps in employment: \_\_\_\_\_

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Please tell us about any special skills, experiences, or certifications which are relevant to the position you are seeking:

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**Please Read & Initial Each Paragraph, then Sign Below**

I certify that I have not purposely withheld any information that might adversely affect my chances for hiring. I attest to the fact that the answers given by me are true and correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of material fact on this application or on any documents used to secure, can be grounds for rejection of application or, if I am employed by this company, terms for my immediate expulsion from the company.

\_\_\_\_\_  
(Initial)

I understand that if I am employed, my employment is not defined and can be terminated at any time either with or without prior notice, and by either me or the company.

\_\_\_\_\_  
(Initial)

I permit the company to examine my references, records of employment, education record, and any other information I have provided. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers, and all other persons, corporations partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such examination or revelation.

\_\_\_\_\_  
(Initial)

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Our Commitment is to help seniors who have memory challenges to live with dignity on their own terms. Memory care with love and understanding begins the day your family member walks into our community.*

