

# **APPLICATION FOR EMPLOYMENT**

<u>To Applicant:</u> Green Country Village, Inc. is an equal opportunity employer and makes all employment decisions without regard to race, color, national origin, religion, sex, age, disability or status as a disabled veteran or veteran of the Vietnam era. We deeply appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications.

We ask that you complete every question to the best of your ability and include at least three references. We cannot process incomplete applications.

#### **PERSONAL INFORMATION**

PLEASE PRINT ALL INFORMATION:	E PRINT ALL INFORMATION: Date:			
Name				
Last		F	irst M	liddle
Present Address				
Street	Apt.	City	State	Zip Code
Telephone#:				
Email				
Are you legally eligible for employment in the US	SA? [	)o you have	reliable transportation to	work?
Position(s) you are applying for:			Rate of pay expected	d per hour \$
Work Status Needed (circle your preference):	FULL-TI	ME	PART TIME	
Were you previously employed by Green Countr	ry Village, Inc.? _	If yes	, when?	
Do you have any relatives working for Green Co	untry Village, Inc	.?		
How did you learn of this position?				
Have you ever been convicted of a felony?	If yes, please	explain:		
				·····
On what date would you be available to begin we	ork?			

# **EDUCATION RECORD**

High School	Name:	State:	Did you graduate?
GED	Where:	State:	
College	Name:	State:	How Long?
	Course of Study:		Degree:
	Name:	State:	How Long?
	Course of Study:		Degree:
Other:			How Long?
	Course of Study:		Degree/Diploma
Certifications or Licensu	ires (Please be specific):		
List any other experienc	es, skills, hobbies or qualifications that	t may benefit our organizatio	on:
	<u>MILIARY SER</u>	VICE RECORD	
Were you in the US Arn	ned Forces? If so, what brand	ch?	
Dates of duty: From	to	Rank at Discharge:	
List duties in the service	9:		

# **EMPLOYMENT RECORD**

List below present and past employment, beginning with your most recent. Please complete all information in full even when submitting a resume.

Address:		
Phone number:		
Supervisor Name:		
Position Held:		
Start Date:	End Date:	Salary:
Reason for leaving:		
May we contact this employer?		
2. Company Name:		
Address:		
Phone number:		
Supervisor Name:		
Position Held:		
Start Date:	End Date:	Salary:
Start Date: Reason for leaving:		
Reason for leaving: May we contact this employer?		
Reason for leaving:		
Reason for leaving: May we contact this employer?		
Reason for leaving:      May we contact this employer?      3. Company Name:		
Reason for leaving:   May we contact this employer?   3. Company Name:   Address:		
Reason for leaving:   May we contact this employer?   3. Company Name:   Address:   Phone number:		
Reason for leaving:      May we contact this employer?      3. Company Name:      Address:      Phone number:      Supervisor Name:		
Reason for leaving:      May we contact this employer?      3. Company Name:      Address:      Phone number:      Supervisor Name:      Position Held:	End Date:	Salary:

## **REFERENCES**

#### WE ARE REQUIRED TO CONTACT <u>AT LEAST THREE</u> REFERENCES.

## Some Helpful Tips on Providing References

**1. Provide professional references.** List your supervisors (list co-workers only if supervisors are unavailable). If you're a student with no prior work experience, list teachers, coaches, school counselors or supervisors of any volunteer work you have done.

<u>Avoid listing family members and personal friends</u>. List references who can speak objectively to your work ethic.
 <u>Make sure your references know you by name</u>. If we call your reference and they don't remember you by name, we can't use them.

Name: Relationship: Address:	Name: Relationship: Address:
Phone #:	Phone #:
Name:	Name:
Relationship:	Relationship:
Address:	Address:
Phone #:	 Phone #:

#### AVAILABILITY

Diseas list the time	es you are available to work
Please list the tim	es you are available to work
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MONDAY	Days	Evenings	Any	
TUESDAY	Days	Evenings	Any	
WEDNESDAY	Days	Evenings	Any	
THURSDAY	Days	Evenings	Any	
FRIDAY	Days	Evenings	Any	
SATURDAY	Days	Evenings	Any	
SUNDAY	Days	Evenings	Any	

## PLEASE READ AND SIGN BELOW

#### I UNDERSTAND:

-that completing this application does not constitute an offer of employment and that my application may be rejected for any reason.

-that giving false or misleading information on this form or in an interview is grounds for denial or immediate termination of employment.

-that I may be required to complete a medical history form and may be required to be examined by a medical professional designated by Green Country Village, Inc.

-that if I sustain any injury or illness in the employment of Green Country Village, Inc., I agree that Green Country Village, Inc. shall be entitled to receive full and complete reports and records covering any medical or related exams, and I authorize any and all such doctors, medical examiners and hospitals to give to Green Country Village, Inc. full and complete reports and records covering such examinations, condition care and treatment related to or resulting from the alleged illness or injury.

#### AUTHORIZATION TO RELEASE INFORMATION

If I am given a conditional offer of employment, I authorize Green Country Village, Inc. to make a complete investigation of me, including but not limited to my past employment history, medical history, scholastic reports, criminal records, abuse records, motor vehicle driving records, workers' compensation history and to rely on such information sources. I authorize all persons and organizations to release any information concerning my background and hereby release persons and organizations from liability for any damage whatsoever for issuing this information. I acknowledge that a telephone facsimile (FAX) or photographic copy shall be as valid as the original.

By signing below, I certify that I have not been convicted of an offense that would preclude working in a nursing facility. I also certify that I am not excluded from participation in federal health care programs. Furthermore, I understand that I will be subject to a search of the OIG List of Excluded Individuals and that a comprehensive or criminal background screening will be completed by a third party organization acting on behalf of Green Country Village, Inc. If the findings of that background screening result in a refusal to hire, I will be notified in writing and may request a copy of findings from the third party organization.

I understand that the use of illegal drugs is prohibited during employment. If employment policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and/or during employment.

I understand that this employment application and any other employee-related documents are not contracts of employment and that any individual who is hired may voluntarily leave employment upon proper notice and may be terminated by the employer at any time for any reason. I understand that any oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon by any prospective or existing employee.

Signature \_\_\_\_\_

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