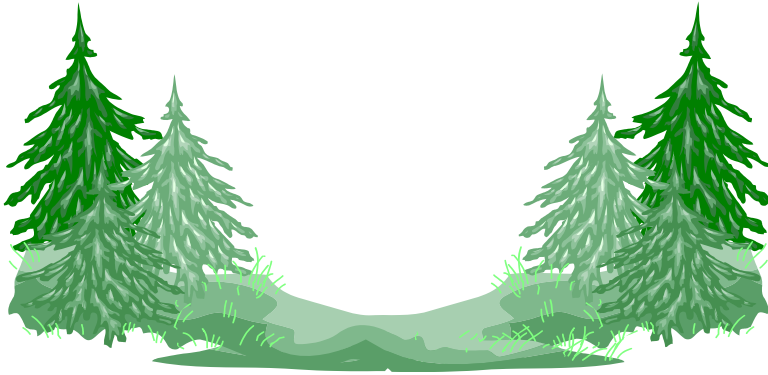


Hidden Meadows on the Ridge Independent and Assisted Living

Employment Application
will remain active for thirty (30) days



Notice to Applicants:

Screening for illegal drug use may be required before
hiring and during employment here.

340 Farmers Lane
Sellersville, PA 18960
215-257-6701

We are an equal opportunity employer.

Department _____

Position _____

Name _____

PERSONAL

Last name		First	Middle
Social Security No.			
Street Address:			City:
State:	County:	Zip Code:	Phone:
Position desired:			Desired salary:
How did you hear about us?			Are you applying for ___ FT ___ PT
Have you ever been employed by this facility? ___ no ___ yes when: _____			
If you are under 18, do you agree to provide working papers? ___ yes ___ no		Do you have a current license as an ___ LPN ___ RN ___ C.N.A.	
Are you a U.S. citizen or an alien legally authorized to work in the U.S.? ___ yes ___ no		Lic. or Cert. #	Date available for work: Shift preference: 1 2 3
Have you ever been convicted of a felony? ___ yes ___ no If yes, please explain: Conviction will note necessarily disqualify an applicant from employment.			Would you consider working any shift: ___ yes ___ no weekends: ___ yes ___ no rotating shifts: ___ yes ___ no on cal: ___ yes ___ no holidays: ___ yes ___ no Please note that most positions require every other weekend.
Best time to contact you at home:			

EDUCATION

School	Name and Address of School	Course of Study	Circle Last Year Completed	Did you graduate?	List Diploma or Degree
High			1 2 3 4	___ yes ___ no	
College			1 2 3 4	___ yes ___ no	
Other			1 2 3 4	___ yes ___ no	
List business college or other special courses (include special military training, post graduate and nursing certification courses or other certifications):					
List areas of specialization or major interest that will benefit the residents of this community:					
List health care experiences or special skills or abilities that will be helpful in your work:					

REFERENCES

Professional References (List three persons who have supervised or observed you at work.)			
Name	Address	Phone	How do you know this person?

Personal References (list three persons, NOT relatives)			
Name	Address	Phone	How do you know this person?

Employment History

(Please give accurate, complete full time and part time employment record. Start with your present or most recent employer.)

ONE

Company name	Phone
Address	Employed (month and year)
Name of supervisor	Hourly rate: Start: Last:
Your job title	Reason for leaving:
Describe your work	

TWO

Company name	Phone
Address	Employed (month and year)
Name of supervisor	Hourly rate: Start: Last:
Your job title	Reason for leaving:
Describe your work	

THREE

Company name	Phone
Address	Employed (month and year)
Name of supervisor	Hourly rate: Start: Last:
Your job title	Reason for leaving:
Describe your work	

FOUR

Company name	Phone
Address	Employed (month and year)
Name of supervisor	Hourly rate: Start: Last:
Your job title	Reason for leaving:
Describe your work	

Employment
Verification

<p>Authorization for Employment Verification.</p> <p><small>Please state if you do not want us to contact any of the above employees and the reason you do not want each contacted.</small></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>May we run a detailed employment check, including, but not limited to, a check with your previous employers? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Please sign here to authorize reference check: _____</p>

Additional Information

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age disability, marital or veteran status, sexual orientation, or any other legally protected status.

What prompted you to apply here for employment?

Note to Applicant: Do not answer this question unless you have been informed about the requirements of the job for which you are applying.

At the time of your interview, you will be given a Job Description explaining the essential functions involved in the position for which you are being interviewed.

Are you able to perform the essential functions of this job with or without reasonable accommodation? ___ Yes ___ No

Are there any accommodations needed to do the job properly? ___ Yes ___ No

Signature

#####

I agree that, if employed, I will, to the best of my ability, attempt to carry out the caring philosophy of this Community and abide by the policies and procedures, rules, and regulations as established by the Facility.

My signature below indicates that I have no history of, nor conviction for, violent crime and have never been dismissed from employment due to the abuse of clients or residents. If the criminal background check indicates convictions for crimes that prohibit my employment under Act 169 as amended by Act 13 of 1997, I understand that my employment must be terminated in compliance with state law.

Applicant's signature

Date

Interview Results (Office use only)

Offer made? ___ Yes ___ No

If no, why?

Position

Notes: