

LAST NAME	FIRST NAME

APPLICATION FOR EMPLOYMENT

Date of Application _____

Personal Data:

Name:

Last	First	Middle

Address:

Number & Street	Apt/Unit/P.O.	City, State	Zip

Contact:

Home Phone	Mobile	Email Address

Position applying for:

Are you currently employed? Please explain:

Date available to begin work:

Education:				
Institution	Location	Years Attended	Degree/Concentration	Major

Professional Experience:				
Company or Organization	Location	Position Held	Duties	Dates
1				
2				
3				
4				

****Please note most recent first**

If you would like to include your resume as supportive material for this application, please check this box:

*Mail your resume to: Dallastown Nursing Center & Victorian Villa Personal Care
621-623 East Main Street
Dallastown, PA 17313
Attention: Administrator*

Please note: You will be asked to show all appropriate certifications and licenses at the interview, if called.



PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED

1. I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete and I understand that any misstatement, falsification, or omission of information shall be grounds for refusal to hire or, if hired, termination.
2. I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the U.S.
3. I understand that Dallastown Nursing Center and/or the Victorian Villa, criminal history background clearance must be obtained from the Pennsylvania State Police and/or the Federal Bureau of Investigation. I understand that Act 169 of 1996 and Act 13 of 1997 prohibit the employment of persons convicted of certain crimes, and that this information is being obtained in compliance with these Acts.
4. I have never been convicted of a crime that would prohibit my employment at Dallastown Nursing Center and/or Victorian Villa. I also understand that my employment is provisional and continued employment is based upon information to be received from the criminal justice agency. If the clearance request indicates convictions for crimes that prohibit my employment under the Act(s), I understand that my employment must be terminated in compliance with State Law.
5. I also hereby indicate that I have no history of or conviction for violent crime and was never dismissed from employment due to abuse of clients or residents.
6. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information to you.

SIGNED _____

Signature (Applicant)

_____ Date

Have you been a resident of the state of Pennsylvania for the past 2 years? YES NO

EMPLOYMENT HISTORY VERIFICATION

Please complete one of these pages for each of your last three jobs, as noted above.

DO NOT SEND TO YOUR EMPLOYER.

- 1. Begin with your current or last position and work back.
- 2. Employment history should include each position held, even those with the same employer.
- 3. Dallastown Nursing Center/Victorian Villa may verify all jobs listed.

I. The following information must be completed . If this is not complete, your application will not be considered for employment.

1. Date(s) of Employment: From: _____ To: _____

Position(s) Held: 1. _____ Salary \$: _____
 2. _____ Salary \$: _____
 3. _____ Salary \$: _____

2. Reason for leaving:

EMPLOYMENT VERIFICATION

Applicant Name: _____

Social Security #: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize my previous employer and/or school to release the information requested.

Signature: _____

Date: _____

PLACE OF EMPLOYMENT

Company/Agency Name: _____

Mailing Address: _____

City, State & Zip code: _____

Company/Agency Phone #: _____

Supervisor's Name: _____

_____ Full Time _____ Part Time _____ Summer _____ Temp _____

II. The following information must be completed . If this is not complete, your application will not be considered for employment.

1. Date(s) of Employment: From: _____ To: _____

Position(s) Held: 1. _____ Salary \$: _____
2. _____ Salary \$: _____
3. _____ Salary \$: _____

2. Reason for leaving:

EMPLOYMENT VERIFICATION

Applicant Name: _____

Social Security #: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize my previous employer and/or school to release the information requested.

Signature: _____

Date: _____

PLACE OF EMPLOYMENT

Company/Agency Name: _____

Mailing Address: _____

City, State & Zip code: _____

Company/Agency Phone #: _____

Supervisor's Name: _____

_____ Full Time _____ Part Time _____ Summer _____ Temp _____

III. The following information must be completed . If this is not complete, your application will not be considered for employment.

1. Date(s) of Employment: From: _____ To: _____

Position(s) Held: 1. _____ Salary \$: _____
2. _____ Salary \$: _____
3. _____ Salary \$: _____

3. Reason for leaving:

EMPLOYMENT VERIFICATION

Applicant Name: _____
Please Print

Social Security #: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize my previous employer and/or school to release the information requested.

Signature: _____

Date: _____

PLACE OF EMPLOYMENT

Company/Agency Name:

Mailing Address:

City, State & Zip code:

Company/Agency Phone #: _____

Supervisor's Name:

_____ Full Time _____ Part Time _____ Summer _____ Temp _____

