



EDEN VILLAGE
OUR COMMUNITY IN THE HEART OF YOURS

Application for Employment

(Please Print Clearly)

Date: _____

I. PERSONAL

Name _____
Last First MI

Present Address _____ Home Telephone: ____/____
No Street

_____ Cell Telephone: ____/____
City State Zip

Please list all addresses of your residence for the last 2 years:

Street Number City State Zip

Street Number City State Zip

Have you ever been convicted of a crime, excluding traffic tickets? _____

If yes, describe in full _____

Positions applied for _____

Rate of pay preferred _____ On what date will you be available for work? _____

Were you previously employed by us? _____ If yes, when? _____

List any friends or relatives working for us: _____

Please list any professional license numbers: _____ Type: _____

II. EMERGENCY DATA

In case of emergency notify: _____

Phone Number: _____ Relationship: _____

List any allergies: _____

For Office Use Only

Hire date: _____

Rate of pay: _____

Position: _____

Full/Part Time: _____

III. RECORD OF EDUCATION

Name of School		Courses of Study	Check Year Completed	Did You Graduate?	List Diploma Or Degree
High School			1 2 3 4	Yes No	
College			1 2 3 4	Yes No	
Other			1 2 3 4	Yes No	

IV. MILITARY SERVICE RECORD

Were you in U.S. Armed Forces? _____ If yes, what Branch? _____

Dates of duty : From ___/___/___ TO : ___/___/___ Rank at Discharge _____

List duties in the Service including special training _____

V. PERSONAL REFERENCES (NOT FORMER EMPLOYERS OR RELATIVES)

Name and Occupation	Relationship	Phone Number

VI. What attributes/characteristics do you have that make you feel you would like to care and/or work for seniors? _____

VII. WORK HISTORY

List below all present and past employment, beginning with your most recent. We do check past employment for references. It is important that you complete the phone number of your previous employer.

1. Company Name _____ City and State _____
Contact Name _____ Phone ____/_____
Position _____ Employed From ____/____/____ To ____/____/____
Month Year Month Year
Reason for leaving _____

2. Company Name _____ City and State _____
Contact Name _____ Phone ____/_____
Position _____ Employed From ____/____/____ To ____/____/____
Month Year Month Year
Reason for leaving _____

3. Company Name _____ City and State _____
Contact Name _____ Phone ____/_____
Position _____ Employed From ____/____/____ To ____/____/____
Month Year Month Year
Reason for leaving _____

4. Company Name _____ City and State _____
Contact Name _____ Phone ____/_____
Position _____ Employed From ____/____/____ To ____/____/____
Month Year Month Year
Reason for leaving _____

Applicants comments relative to above employment :

Are there any other experiences, skills, or qualifications which you feel would especially qualify you for work with the company? _____

THIS IS NOT A TEST- This is a questionnaire to aid Eden Retirement Center, Inc. when you accept a position of employment. It is used only for scheduling purposes that will be close to ideal for both you and Eden. Family, social, economical and personal needs are considered for scheduling only.

Please answer the following with direct and honest responses:

1. Insert 1, 2, 3 in order of preference:

Shifts 7am – 3pm _____
3pm – 11pm _____
11pm – 7am _____
Anytime _____

2. Check which day (s) you are NOT AVAILABLE to work.

Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____ Sat. _____ Sun. _____

3. Will you accept a work schedule that requires working every other weekend? _____

4. Would you work every weekend? _____

5. Would you work overtime? _____

6. Can you be called to fill-in where needed? _____

7. Do you prefer Part-time or Full-time? _____

8. Have you worked in the nursing home environment before? _____

NOTE: APPLICATIONS WILL NOT BE CONSIDERED ACTIVE AFTER NINETY DAYS FROM DATE OF APPLICATION UNLESS THE APPLICANT APPEARS IN PERSON TO REAPPLY.

ALL APPLICANTS WILL BE CONSIDERED WITHOUT REGARD TO RACE, COLOR, AGE, RELIGION, SEX, NATIONAL ORIGIN, OR PHYSICAL HANDICAP. (SECTION 504)

The facts set forth above in my application are true and complete. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal.

I grant permission to Eden Retirement Center, Inc. to investigate my personal, education and work histories thoroughly. In addition, I authorize Eden Retirement Center, Inc. to confirm all information that I have given in connection with my application for employment. I, furthermore, release Eden Retirement Center, Inc. and its agents from liability for any acts or omissions occurring during either such investigation of confirmation, or both. I further release any one or more individuals, organizations and their agents, educational institutions that I have attended and their agents from any liability for any acts or omissions occurring in its or their responses to Eden Retirement Center, Inc.'s inquiries about me. This release specifically covers the employers and their agents and the educational institutions and their agents that I have identified in my responses to the inquiries made on this application form. I understand and agree that Eden Retirement Center, Inc. may deny my application for employment or if it has already employed me, the Eden Retirement Center, Inc. may terminate my employment because of information obtained during Eden Retirement Center, Inc.'s investigation or confirmation, or both, of my responses made on my employment with Eden, regardless of when, how, or why my employment ends, and irrespective of Eden Retirement Center, Inc. and release Eden Retirement Center, Inc. and all of its agents from any liability for the disclosure of information about my employment history to either government agencies or employers to whom I have applied for a job.

If Eden Retirement Center, Inc., moreover, offers employment to me, I understand and agree that either Eden Retirement Center, Inc. or I may terminate any such employment at any time and for any or no reason. I recognize that no supervisor agent or other representative of Eden Retirement Center, Inc. except for its Executive Director, has any authority to make any binding written employment agreement with me for a specific period of time, or to make any binding written agreement that alters my employment status, as described in this paragraph. I further understand that no supervisor agent or representative of Eden Retirement Center, Inc., including the Executive Director, has any authority to make an oral employment agreement with me for any period of time, or to make any oral agreement altering my employment status from that described in this paragraph. In conclusion of Eden Retirement Center, Inc.'s employment of me, I accept and will obey Eden Retirement Center, Inc.'s policies, rule and procedures.

Signature of Applicant: _____