

APPLICATION FOR EMPLOYMENT

The United Methodist Village, Inc.
1616 Cedar Street
Lawrenceville, IL 62439

Potential employees will receive full consideration without regard to race,
Creed color, sex age, national origin, handicap or veteran status.

PERSONAL INFORMATION/WORK INTERESTS

Name _____ Today's Date _____

Former Last Name(s) You Were Known By _____

Street Address _____

City, State, ZIP _____ Social Security # _____

Home Telephone (_____) _____ Business Telephone (_____) _____

Have you ever applied for employment with us? Yes No If yes, when? _____

Have you ever worked for The Village before? Yes No If yes, when? _____

What encouraged you to apply here? Newspaper Ad Other _____
 Relative Friend Agency Employee Referral
Name of Employee: _____

Position Desired _____ Wage/Salary Expected _____

Do you agree to work any shift to which you are assigned? Yes No
If no, explain _____

Will you work Saturday and/or Sunday when your work schedule requires? Yes No
If no, explain _____

Availability Full-time Part-time Permanent Temporary

Are you legally eligible for employment in the United States? Yes No

When will you be available to begin work? _____

Other special training or skills (languages, machine operation, computer knowledge, clerical skills, etc.) _____

Have you ever been convicted of a felony (other than minor traffic violations)? Yes No
(Conviction will not necessarily disqualify an applicant from employment.)

If yes, list all convictions showing offense and date.

Have you ever been accused and found guilty of abusing, neglecting, or mistreating a resident/patient?
(applicant is not obligated to disclose sealed or expunged records of conviction or arrest)

Yes No

EDUCATION AND TRAINING

NURSING LICENSE/CERTIFICATION	STATE OF CERTIFICATION OR LICENSE	CERTIFICATION OR LICENSE NUMBER
C.N.A.		
L.P.N.		
R.N.		

School	Name/Location of School	Course of Study	No. of Years Completed	Did you Graduate?	Degree or Diploma
Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business/Trade/Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Do you now attend school? Yes No If so, Where? _____

Do you plan to continue your education? Yes No

EMPLOYMENT

Please give accurate, complete full-time and part-time employment record, Start with your present or most recent employer. Include military service.

1. Company Name _____	Telephone _____
Address _____	Employed (Month and Year) From _____ to _____
Name of Supervisor _____	Wages Start _____ Finish _____
Job Title _____	
Brief Job Description _____	Reason for leaving _____

2. Company Name_____	Telephone_____
Address_____	Employed (Month and Year) From_____ to _____
Name of Supervisor_____	Wages Start_____ Finish_____
Job Title_____	
Brief Job Description_____	Reason for leaving_____

3. Company Name_____	Telephone_____
Address_____	Employed (Month and Year) From_____ to _____
Name of Supervisor_____	Wages Start_____ Finish_____
Job Title_____	
Brief Job Description_____	Reason for leaving_____

We may contact the employers listed above unless you indicate that you do not want us to contact them.	
Do Not Contact (Employers Number)_____	Reason_____

<p>NOTE TO APPLICANTS: DO NOT ANSWER THE FOLLOWING QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB(S) FOR WHICH YOU ARE APPLYING.</p> <p>A description of the activities involved in such a job or occupation has been shown to you. Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied?</p> <p style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Comments:_____</p>

How many days have you missed from work in the past (2) two years for any reason?_____

Are you currently on "lay-off" status and subject to recall? Yes No

Are you aware of any conditions that would prevent you from performing the duties for which you are applying?

Yes No If yes, explain_____

**WORK
REFERENCES**

(Do not include relatives or employers listed in the Employment section.)

Name and Address	Occupation	Years Known	Telephone
			()
			()
			()

SIGNATURE

The information provided in this Application for Employment is true, correct, and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application as may be necessary in arriving at an employment decision. A health care worker criminal background check will be done also, which does not require my consent. In the event of employment, I understand that false or misleading information given on this application, or during my interview(s) may result in dismissal.

Testing of body fluids for illegal drugs is an integral part of employment for every staff member in providing our residents with quality care. This may be done randomly or when performance impairment is suspected. I authorize this testing to be done on me either by random selection or performance impairment suspicion.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge an Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

Signature of Applicant

Date

SUPPLEMENT TO APPLICATION FOR EMPLOYMENT

The following information ***may be answered on a voluntary basis*** and will be maintained in a separate confidential file from the application for employment. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex, or national origin. Federal law also prohibits discrimination based on age, citizenship, and disability.

Name _____ Today's Date _____

Position(s) applied for _____

Social Security # _____

Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Engaged <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		Are you a Vietnam veteran? Yes <input type="checkbox"/> No <input type="checkbox"/>
What was your previous address? 		Are you a disabled Veteran?
How long at present address? Years _____ Months _____	How long at previous address? Years _____ Months _____	Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, employment is subject to verification of age.		
State the names of relatives and friends working at The United Methodist Village. 		