



APPLICATION FOR EMPLOYMENT

Thank you for your interest in Casey's Pond Senior Living. We appreciate you taking the time to provide us this important information. When completing this application, please use black or blue ink, and please print except for the signature at the end of the application. Casey's Pond Senior Living is an Equal Opportunity Employer, and all qualified applicants will receive consideration for employment without regard to race, color, religion, gender, national origin, age, citizenship, disability, or any other basis of discrimination prohibited by applicable law.

All applicants are required to complete this application, even if a resume is attached. Thank you for your cooperation.

Position applied for: _____ Hours desired: Full-time Part-time PRN

Date available for work: _____ Shifts available: Day Evening Night Weekends

Date of application: _____ Days available: M T W Th F Sa Sun

PERSONAL

Name: _____

Have you worked under other names (alias, maiden, nickname) in the last 5 years? Yes No If yes, list names: _____

Address: _____ Home Phone Number: _____

City/State/Zip: _____

E-mail (home): _____ Cell Phone: _____

EDUCATION & TRAINING

	Institution	City/State	Degree Earned
1.	_____	_____	_____
2.	_____	_____	_____

Licenses and/or Certifications

Name on license: _____

Type: _____ License #: _____ State: _____ Expiration Date: _____

1. _____

2. _____

List other work-related skills or qualifications you believe will help you perform this job.

GENERAL

Have you ever been employed at the Doak Walker Care Center? Yes

No If yes, please list dates and position:

Have you been convicted, pled guilty or pled "no contest" to a felony? Yes

No If yes, please explain:

Have you been convicted, pled guilty or pled "no contest" to a misdemeanor within the last seven years other than minor traffic violations? Yes No If yes, please explain: *(Answering "yes" will not necessarily result in disqualification for employment consideration.)*

Has your professional license held ever been revoked, surrendered or suspended in this state or any other state?

Yes No If yes, please explain:

Have you ever been terminated for cause by an employer? Yes No If yes, please explain:

Are you on the Medicare/Medicaid Office of Inspector General (OIG) excluded persons list or pending current investigation?

Yes No

Are you currently awaiting trial or sentencing for any criminal offense? Yes No

Will you submit to a drug test and background check as part of the employment process? Yes No

Are you at least 18 years of age? Yes No *If "no", you may be required to provide work authorization.*

Can you perform the essential functions of this job with or without reasonable accommodations? Yes No

(If you have any questions about the essential functions of this job, please review the job description before answering this.)

Can you travel if the job requires it? Yes No

Are you eligible to work in the United States? Yes No *(Note: Federal law requires proof of U.S. citizenship/valid work authorization upon employment.)*

Do you know anyone who works for Casey's Pond? Yes No

If yes, whom and how _____

How did you learn of this position? Newspaper Internet CP Team Member YVMC School Resident

Other: _____

EMPLOYMENT HISTORY

Please specify your complete full•time and part-time employment history, including self-employment. Begin with your most recent employer. All employers including your current employer may be contacted to verify the information you provide. May we contact your current employer prior to an offer of employment? Yes No

Employer Name, City, State:	Supervisor Name, Title, Phone:
Employed (mm/yy) From: _____ To: _____	Salary Starting: _____ End: _____
Position Title & Job Responsibilities:	
Reason for Leaving:	
Employer Name, City, State:	Supervisor Name, Title, Phone:
Employed (mm/yy) From: _____ To: _____	Salary Starting: _____ End: _____
Position Title & Job Responsibilities:	
Reason for Leaving:	
Employer Name, City, State:	Supervisor Name, Title, Phone:
Employed (mm/yy) From: _____ To: _____	Salary Starting: _____ End: _____
Position Title & Job Responsibilities:	
Reason for Leaving:	
Employer Name, City, State:	Supervisor Name, Title, Phone:
Employed (mm/yy) From: _____ To: _____	Salary Starting: _____ End: _____
Position Title & Job Responsibilities:	
Reason for Leaving:	

Please explain any gaps in your employment history:

Have you ever been fired, discharged or asked to resign? Yes No If yes, please explain:

PROFESSIONAL REFERENCES

Please list former supervisors qualified to give an opinion of your ability and experiences.

Name:	Position:	Relationship:
E•mail:	Telephone:	Years Known:
Name:	Position:	Relationship:
E•mail:	Telephone:	Years Known:
Name:	Position:	Relationship:
E•mail:	Telephone:	Years Known:

PERSONAL REFERENCES

Please list personal references qualified to give an opinion of your ability and experiences.

Name:	Position:	Relationship:
E•mail:	Telephone:	Years Known:
Name:	Position:	Relationship:
E•mail:	Telephone:	Years Known:
Name:	Position:	Relationship:
E•mail:	Telephone:	Years Known:

CERTIFICATION

I hereby certify that the facts set forth in this employment application (and accompanying resume if applicable) are true and complete to the best of my knowledge, and I agree and understand that any misrepresentation of information or failure to disclose information on this employment application may disqualify me for further consideration for employment and, if employed, may subject me to termination.

If I am offered employment, I understand I may be required to submit to a physical screening designed to determine whether I am able, with or without reasonable accommodation, to perform the essential function of the job offered, as specified by the company and/or state, and that employment is subject to passing the screening. I further understand that any misrepresentation of information or failure to disclose information at the time of my screening may result in employment disqualification or termination.

I understand that in connection with my application for employment I will be subject to a complete background check and drug screen to determine my suitability for employment.

I authorize Casey’s Pond Senior Living to obtain reference information on my work performance. I hereby release Casey’s Pond from any and all liability at any time which could result from obtaining and making an employment decision based on such information.

Finally, in the event I am employed, I understand I am required to abide by all company rules and regulations as a condition of employment. I also acknowledge this application is not a contract of employment and nothing herein should reasonably be construed as such. I do acknowledge that if employed, my employment will be “at will,” meaning either Casey’s Pond or I may terminate the employment relationship at any time with or without cause.

Signature_____Date_____