

EMPLOYMENT APPLICATION
An Equal Opportunity Employer

Westminster Village Muncie, Inc.
 5801 W. Bethel Ave., Muncie, IN 47304
 (765) 288-2155
 www.wvmuncie.com

PERSONAL DATA

DATE: _____

| | | | | | |
|---|--|-------------|-------|---------------------|--|
| <u>Full Legal Name</u> (Last, First, Middle) | | | | Social Security No. | |
| Present Address | | City | State | Zip | Home Phone No. |
| Permanent Address | | City | State | Zip | Cell Phone No. |
| Position Applied For: | | | | | E-mail address |
| How were you referred to this facility? | | | | | Applying for: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time |
| Have you ever been employed by this facility? Yes No | | | | | Salary Desired |
| If yes, when? Department: | | | | | Date available for work? |
| Relatives or friends employed in this facility? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | Availability: Any shift Yes No Weekends & Holidays Yes No Rotating Shift Yes No On Call Yes No |
| <u>Department</u> | | <u>Name</u> | | <u>Relationship</u> | |
| Are you 18 years of age or older? Yes No | | | | | |
| Are you legally authorized to work in the United States? Yes No | | | | | Shift Preference: 1st 2nd 3rd |
| List any and all other names by which you have been known: | | | | | |
| List your long range occupational goals: | | | | | |
| Have you been convicted of, pled guilty to, or received a suspended sentence for a felony or misdemeanor in the past 7 years that has not been sealed or expunged? Yes No If yes, please explain: | | | | | |
| Have you worked in Health Care in any other State? If so which state(s) and position(s) with dates of employment. | | | | | |

EDUCATIONAL AND CERTIFICATIONS

| | Name & Address of School | Course of Study | Year Completed | Graduate | Diploma/Degree Earned |
|--|--------------------------|-----------------|----------------|----------|-----------------------|
| High | | | 1 2 3 4 | Yes No | |
| College | | | 1 2 3 4 | Yes No | |
| College | | | 1 2 3 4 | Yes No | |
| Other business college, vocational or other special courses (including military training, post graduate and nursing) | | | | | |

| PROFESSIONAL LICENSES OR CERTIFICATIONS: | | | Are you currently: | Registered | Licensed | Certified |
|--|-------|---------------|--------------------|--------------|-----------|---------------|
| | | | Eligible for: | Registration | Licensure | Certification |
| If Licensed, Registered or Certified | Type: | State Issued: | Date: | No. | | |
| | Type: | State Issued: | Date: | No. | | |

SPECIAL SKILLS

| | |
|-----------------------------|---------------------------------|
| Personal Computing | Nursing Software – Type (_____) |
| Word Processing (WPM _____) | Medical Terminology |
| Software Used _____ | |
| Other Special Skills _____ | |

ADDITIONAL INFORMATION

Please include any additional information you think would be applicable, e.g., internships, membership in professional organizations, additional relevant employment, and explain ALL gaps in employment. EXCLUDE any information that would denote race, sex, age, marital status, national origin, physical or mental disability, religious or political affiliations.

MILITARY DATA & VOLUNTEER

Did you serve in the U.S. Armed Services? Yes No
 Have you ever volunteered your time or services? Yes No Where: _____
 Describe duties and skills acquired through military or volunteer service: (include dates) _____

EMPLOYMENT HISTORY

List your job history (including the phone number) for the past **three employers** starting with your present or most recent employer noting **ANY** periods in which you were not employed. Explain **ALL** periods of unemployment. You may use the back for more information.

May we contact your present employer? Yes No
 If no, why not? _____

Job Title _____ From _____ To _____
 Last Salary (Hourly, Monthly, Yearly) _____ Immediate Supervisor _____
 Employer Phone _____
 Employer Name _____
 Address _____
 D u t i e s

 Reason for leaving _____

Job Title _____ From _____ To _____
 Last Salary (Hourly, Monthly, Yearly) _____ Immediate Supervisor _____
 Employer Phone _____
 Employer Name _____
 Address _____
 D u t i e s

 Reason for leaving _____

Job Title _____ From _____ To _____
 Last Salary (Hourly, Monthly, Yearly) _____ Immediate Supervisor _____
 Employer Phone _____
 Employer Name _____
 Address _____
 D u t i e s

 Reason for leaving _____

PLEASE ANSWER THE FOLLOWING QUESTIONS

Why do you want to work here? _____

What was the best job you've had? Why did you like it so much? _____

What was your least favorite job? What did you NOT like about it? _____

Applicant's Statement - PLEASE READ CAREFULLY AND INITIAL EACH STATEMENT.

_____ I certify that the application was completed by me. The information completed on this application and accompanying resume, if any is true and correct to the best of my knowledge. I understand that any falsification, misrepresentation or omission on this application is grounds for refusal to hire, or if hired, dismissal, even if discovered at a later date.

_____ If employed, I understand that I will be an employee “at-will” and either Westminster Village or I may terminate my employment relationship at any time with or without notice and for any reason.

_____ I acknowledge that any offer of employment or my acceptance of an employment offer if such is to occur, may be withdrawn with or without cause, and with or without prior notice at any time at the option of Westminster Village or myself. I understand that this application and any other documents that I may receive are not contracts of employment. I further understand that no representative of Westminster Village has any authority to enter into any agreement for employment for any specified period of time or to assure any other personnel action, either prior to commencement of employment or after I have become employed or to assure any benefits or terms and conditions of employment or make any agreement contrary to the foregoing, except for a written agreement signed by the Executive Director or other authorized administrative representative.

_____ I understand that any offer of employment is contingent upon my passing pre-employment tests or checks such as a criminal background check, **drug screen** and a physical examination. I also understand that I will be required to undergo a two step Mantoux TB testing prior to physical examination. I understand that unsatisfactory results from the pre-employment tests or checks, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests or checks will result in withdrawal of any employment offer or termination of employment if already employed.

_____ I understand that due to the nature of Westminster Village’s business, good attendance and punctuality are considered essential requirements and that poor attendance or tardiness may result in disciplinary action up to and including termination.

_____ I understand that, according to federal law, all individuals who are hired must, as a condition of employment, produce certain documentation to verify their identity and United States citizen status or, if aliens, their legal authorization to work in the United States. As a consequence, I understand that any offer of employment to me by Westminster Village is contingent upon my ability to produce the required documentation within the period required by law. **I acknowledge that Westminster Village will use my documentation to verify my legal authorization to work in the United States through the United States Department of Homeland Security (U.S. Citizenship and Immigration Services’ E-Verify system).**

_____ **I affirm under the penalties of perjury that the following statements are true and correct:**

At no time have I been convicted of any of the following crimes that have not been sealed or expunged: a sex crime, exploitation of an endangered adult; failure to report battery, neglect, or exploitation of an endangered adult, theft, murder, voluntary manslaughter, involuntary manslaughter, felony battery or a felony offense relating to controlled substances.

At no time have I **abused**, neglected or mistreated a member of a dependent population or **misappropriated** the property of a member of a dependent population.

η At no time have I had a finding entered into the state nurse aide registry.

DEPENDENT means a person of any age who is mentally or physically disabled who is under the care of another person. **BATTERY** means knowingly or intentionally touching a person in a rude, insolent or angry manner. Examples: grabbing or shoving rudely or angrily, slapping or hitting, throwing someone to the floor. **NEGLECT** means placing a dependent in a situation that may endanger his life or health, abandoning or cruelly confining a dependent, depriving a dependent of necessary support including food, clothing, shelter or medical care. **EXPLOITATION** means unauthorized use of an adult dependent or his resources for one’s own profit or advantage or for the profit or advantage of another.

_____ ***This application will remain on file for ninety (90) days from today’s date.***

_____ I understand that Westminster Village utilizes the “8-80” system in the calculation of overtime.

_____ Smoking is permitted only in outside designated areas and on granted break times. If employed I will abide by this policy.

_____ **I certify that I am not on the Inspector General’s (OIG) Exclusion data base related to individuals or entities violating federally funded healthcare programs or the National Sex Offender registry.**

_____ **I understand that Westminster Village Muncie Inc, pays all wages through direct deposit either to an account at a financial institution or to a pay card.**

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.

(Date)

(Signature)

REFERENCES List at least 3 who are **NOT** relatives or employees. (The parties will be contacted for a reference)

| Name and Relationship | Title | Company Name and Address | Telephone No. |
|-----------------------|-------|--------------------------|---------------|
| | | | |
| | | | |
| | | | |

I authorize Westminster Village to request and receive previous employment information.
 I authorize any of the persons, schools, employers or organizations referenced in this application to give Westminster Village 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 in this application (and accompanying resume, if any) and release all such parties and Westminster Village from all liability for any damage that may result from furnishing such information.

Date: _____

_____ (Print Full Legal Name)

_____ (Signature)