

BRIARFIELD HEALTH CARE CENTERS

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, marital or veteran status, or any other legally protected status.

Facility: _____ Briarfield Manor _____ Briarfield at Ashley Circle _____ The Inn at Christine Valley
 _____ The Inn at Glenellen _____ The Inn at Ironwood

Position Applying For	Date

Last Name	First Name	Middle Name

Address	City	State	Zip Code

Telephone Number	Social Security Number (optional)

Best time to contact you: _____ How did you learn about us: _____

If you are under 18 years of age, can you provide required proof of your eligibility to work? _____

Have you ever been employed with us before? Yes No

If yes, provide dates of past employment: _____

Do any of your friends or relatives, other than a spouse, work here? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?
(Proof of citizenship or immigration status will be required upon employment) Yes No

Date available for work: _____ Desired wage range: _____

Are you available to work: Full-Time (Please indicate 1 2 3 shift)
 Part-Time (Please indicate 1 2 3 shift)
 Temporary

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

Employment History

Employer	Dates of Employment	Job Title
Address:		
Telephone Number:	Supervisor:	
Job Duties:		
Starting Wage:	Final Wage:	
Reason for Leaving:		

Employer	Dates of Employment	Job Title
Address:		
Telephone Number:	Supervisor:	
Job Duties:		
Starting Wage:	Final Wage:	
Reason for Leaving:		

Employer	Dates of Employment	Job Title
Address:		
Telephone Number:	Supervisor:	
Job Duties:		
Starting Wage:	Final Wage:	
Reason for Leaving:		

Employer	Dates of Employment	Job Title
Address:		
Telephone Number:	Supervisor:	
Job Duties:		
Starting Wage:	Final Wage:	
Reason for Leaving:		

Education

	Name of School	Course of Study	Completed?		Degree
			Yes	No	
Elementary School					
High School					
Undergraduate College					
Graduate Professional					
Other (Specify)					

Describe any specialized training, apprenticeship, skills and extra-curricular activities: _____

Describe any job related training received the United States Military: _____

List professional, trade, business or civic activities and offices held: (You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or any other legally protected status) _____

Specialized Skills (equipment operated):

State any additional information you feel may be helpful to us in considering your application: _____

Have you ever been convicted of a felony? If yes, please explain: _____

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB IN WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given? Yes No

References

Name	Address	Phone Number
Name	Address	Phone Number
Name	Address	Phone Number

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment necessary in arriving as an employment decision.

This application for employment shall be considered active for a period of time no to exceed 365 days. An applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

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 Employee at anytime and the Employer may discharge 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.

In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature: _____ Date: _____