

WOODVIEW ASSISTED LIVING
Application for Employment

Woodview Assisted Living is an equal opportunity employer. Applicants are considered for employment without regard to race, color, national origin, religion, sex, disability, or any other basis prohibited by law, unless such basis constitutes a bona fide occupational qualification. Woodview Assisted Living will comply with its legal obligation to provide reasonable accommodation to qualified disabled applicants.

PLEASE PRINT
General information

Name _____
Last First Middle

Address _____
Number Street City State Zip Code

Current Telephone () _____ Social Security Number ____ - ____ - ____
Area Code

Position Sought

Position(s) Desired _____

Are you available to work:

_____ Full Time _____ Part Time _____ Temporary _____ On-Call _____ Overtime _____ Any Shift

On what date would you be available for work? _____

List any restrictions on days and hours you are available for work _____

Qualifications

Are you 18 years of age _____ Yes _____ No If under 18, do you have a work permit? _____ Yes _____ No

Have you ever been employed here before? _____ Yes _____ No

If yes, give date and reason for leaving _____

Do you have any relatives that are employed here? _____ Yes _____ No

If yes, Please list them by name _____

Have you ever been charged or convicted of a crime other than minor traffic offenses? _____ Yes _____ No

If yes, describe in detail _____

A conviction may not automatically exclude you from consideration of employment. The nature and recency of the conviction will be evaluated.

Education

Type of School	Name of School	City and State	Circle # of yrs Completed	Graduated
Grade School			1 2 3 4 5 6	____ Yes ____ No
Junior High			1 2 3	____ Yes ____ No
Senior High			1 2 3 4	____ Yes ____ No
College			1 2 3 4	____ Yes ____ No

Professional License Number _____ Expiration Date _____

CNA License Number _____ Expiration Date _____ Registry Check _____

Is there anything you can think of that would interfere with or limit your ability to perform the essential tasks of the job for which you are applying? ____ Yes ____ No

If so, please describe, and advise if there are any accommodations you would need to allow you to perform these essential tasks? _____

Employment History

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

Company name	Telephone ()
Address	Employment (State Month & Year) From To
Name of Supervisor	Weekly Pay Start Last
State Job Title and Describe Your Work	Reason for Leaving

Company Name	Telephone ()
Address	Employment (State Month & Year) From To
Name of Supervisor	Weekly Pay Start Last
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Company Name	Telephone ()
Address	Employment (State Month & Year)
Name of Supervisor	Weekly Pay Start Last
State Job Title and Describe Your Work	Reason for Leaving

Personal References

(Do not include relatives or former employers)

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

_____ Freely and willingly give to any Police Department permission to give any and all records of convictions to Woodview Assisted Living, 3320 East State Blvd., Fort Wayne, IN, to use in whatever manner, and/or for whatever purpose fingerprinting and photographs being taken.

Signature of Applicant

Date

I understand that during my employment I may be asked to take a polygraph examination. I understand that the polygraph would be given as an opportunity to relieve any discrediting situation that may arise during my period of employment. I also understand that the scope of any polygraph examination would be confined to the period of employment with Woodview Assisted Living and would cover only work-related information.

(PRINT FOR POLICE CHECK)

NAME _____

ADDRESS _____

SOCIAL SECURITY NUMBER _____

DATE OF BIRTH _____

DATE _____

SIGNATURE _____

Statement of Application

I certify that this application was completed by me and that all entries on it and all information in it are TRUE and COMPLETE to the best of my knowledge. In the event of employment, I understand that false, misleading or omitted information in my application may result in discharge, regardless of the date of discovery.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In making this application for employment, I understand that an investigation may be made and information may be obtained through interviews with the personal references and past employers listed. "This inquiry may include information as to my character, general reputation, and personal characteristics, as well as information about my work performance and workplace conduct. The investigation shall include an investigation to determine if I have a criminal background. I consent to this investigation and to the consideration of any statements of references or former employers that are given in response to the inquiry.

I hereby release all parties, including but not limited to Woodview Assisted Living, personal references, and previous employers, from any and all liability for any injury or damage that may result from their furnishing information to Woodview Assisted Living concerning me or any action Woodview Assisted Living takes on the basis of such information.

I agree to submit to a medical examination, including drug testing, if required, and understand that any offer of employment is contingent upon the results of that examination.

I hereby authorize any doctor, hospital, clinic, laboratory, or other medical facility to furnish any medical information with reference to me as may be necessary for the consideration of this application. I understand that this consent to release of medical records is revocable, in writing, by me at any time.

I understand that this application is not and is not intended to be, a contract of employment and that any resulting employment relationship is for no fixed period of time and is terminable at any time and for any reason by Woodview Assisted Living, or by me. I further understand that statements which may be contained in policies, practices, handbooks, or other Woodview Assisted Living material do not create any guarantee of employment and that Woodview Assisted Living has the right to modify, amend, or terminate policies, practices, benefit plans, or other programs within the limits and requirements imposed by law. I understand that no representative of Woodview Assisted Living, other than an officer, has the authority to enter into any agreement for any specific period of time or to make any agreement contrary to the foregoing and that any such agreement must be in writing to be binding on Woodview Assisted Living.

Date

Applicant's Signature

THIS APPLICATION WILL NOT BE CONSIDERED ACTIVE AFTER THREE MONTHS

WOODVIEW ASSISTED LIVING

3320 EAST STATE BOULEVARD

FORT WAYNE, INDIANA 46805

Phone: (260) 483-4343

AUTHORIZATION TO RELEASE INFORMATION

The undersigned has applied for employment with Woodview Assisted Living. ("Prospective Employer") and hereby authorizes and directs you and your Organization to provide the Prospective Employer with all information about me and my employment which the Prospective Employer asks you to provide. This includes, but is not limited to information relating to my : dates of employment; job titles; employment application; performance evaluations; wage or salary history; disciplinary actions, if any; attendance record and reasons for leaving.

I am aware that Indiana law provides immunity to you and your Organization when you disclose information about me, unless the information disclosed was known to be false at the time the disclosure was made.

In exchange for your cooperation, I hereby agree that I will not bring any suit or action against you or your Organization, its officers and agents, for providing any requested information that is not known to be false at the time of providing it to the Prospective Employer.

I have executed and dated one original of this authorization which will be maintained by the Prospective Employer, and you are authorized to respond to the Prospective Employer's request as if this document were the original. This authorization shall remain valid indefinitely or until such time as it is revoked by me in writing and delivered to you.

Thank you for your cooperation.

Date

Signature

Printed

Address

Applicant's Social Security Number

Witness

Title

WOODVIEW ASSISTED LIVING

3320 EAST STATE BOULEVARD

FORT WAYNE, INDIANA 46805

Phone: (260) 483-4343

1. How would you react if you saw a resident being abused by a staff member?

2. What would you do if a resident reports something missing?

3. How would you react if you saw a resident abusing another resident?

WOODVIEW ASSISTED LIVING

Verification and Reference Check

The undersigned, having applied for a position with Woodview Assisted Living, does hereby authorize you to provide Woodview Assisted Living with the information requested herein. I specifically consent to disclosure in accordance with the provisions of all applicable federal and state laws.

Date _____ Signature _____

Name _____

Other name worked under _____

Social Security # _____

Position Held _____ From _____ To _____

The above named applicant claims to have been in your employ. We would appreciate your answering the following questions. Your response will be kept in confidence.

Are dates given correct? _____

If not, give correct dates: From / / To / /
MO DAY YR MO DAY YR

Evaluation	Excellent	Very Good	Average	Not Acceptable
Attendance				
Punctuality				
Quality of work				
Productiveness				
Job Knowledge				
Accuracy				
Adaptability				
Initiative				
Dependability				
Attitude				

Reason for leaving: _____

Would you rehire? _____

Comments: _____

_____ Company

_____ Signature Title