

DUNWOODY VILLAGE

3500 WEST CHESTER PIKE, NEWTOWN SQUARE, PA 19073

Application for Employment

Dunwoody Village is an equal opportunity employer and complies with all provisions of Title VII of the Civil Rights Act as amended and Title I of the Americans with Disabilities Act of 1990. Dunwoody Village also complies with applicable provisions of the Fair Labor Standards Act as amended. Applicants requiring reasonable accommodation to the application and/or interview process should notify the Human Resources Department.

PLEASE PRINT CLEARLY

Position applied for:	d for: Date of app			ication:		
Name:	First		Middle	·		
·			Middle			
Address:Street	City		•	State/Zip Code		
	, •		D 11	_		
Home Telephone: Cell	ne Telephone: Cell Phone:		E-mail:	*.		
Type of employment seeking:	□ Full Time	□ Part Time	□ Pool			
Shifts available to work:	□ Days	□ Evenings	□ Nights	□ Weekends		
How did you learn about Dunwoody Village?	□ Advertiseme	nt □ Employ	ee Referral: _	·		
	□ Walk-in	Other:				
Desired salary:						
Have you been employed at Dunwoody Village before?			□ Yes	· 🗆 No		
Have you lived outside the state of Pennsylvania within the last two years?			□ Yes	□ No		
Are you 18 years of age or over?	years of age or over?			□ No		
If under age 18, do you have a work permit?	ler age 18, do you have a work permit?			□ No		
Are you legally eligible for employment in this country?			\Box Yes	□ No		
Have you ever been convicted of a crime (other	r than a misdeme	anor or summ	ary offense) oi	ever been convicted of		
a violent crime?	ease explain:					
			÷	÷		
Have you ever been dismissed from employm	ent due to abuse	of residents of	or has your me	edical license ever bee		
suspended? Yes No						
If YES, please explain:				**************************************		
Driver's license number, if driving is an essential job function:		Sta	nte:			
Type of License: □ Class I □ Class II	$ \square \ CDL$					
Complete if you are a licensed health care pr	rofessional or ot	her individua	l whose positi	on requires a license.		
Professional license or registration:		State):			
License or registration number: Ex			ration Date: _			

Employer:	Address:	Tel. Number;
Supervisor:		Start Date:
ob Title:	Job Duties:	End Date:
Reason for Leaving:		Starting rate of pay:
	May we contact for a reference?	Final rate of pay:
Employer:	Address:	Tel. Number:
upervisor:		Start Date:
ob Title:	Job Duties:	End Date:
leason for Leaving:		Starting rate of pay:
•	May we contact for a reference?	Final rate of pay:
Employer:	Address:	Tel. Number:
Supervisor:	·	Start Date:
ob Title:	Job Duties:	End Date:
Reason for Leaving:		Starting rate of pay:
	May we contact for a reference?	Final rate of pay:
Employer:	Address:	Tel. Number:
Supervisor:		Start Date:
ob Title:	Job Duties:	End Date:
		Starting rate of pay:
Reason for Leaving:		Starting rate of pay:

Educational Background				
	Years Complet	ed Did you	Graduate?	Course of Study
High School:	-			
College:				
Other:	·			
References Provide the names of three (3) prof Name, Position, Company		es. DO NOT I Telephone	JST FRIENDS (OR FAMILY. Business/Occupation
			. :	
		·		
			: <u> </u>	
I understand that my completion of this hat an offer of employment will be for of Dunwoody Village. Under the "at we ment relationship at any time with or we landerstand that by signing the employation, education and/or licensure chatand that this application remains cut gent upon my successful completion of a dreactory to the standards of Dunwoody	rthcoming. If employill" employment re without notice for a syment application, necks which may be rrent for three (3) re f the total pre-empl rug and/or alcohol	nyed, I understar elationship eithe iny reason not it . I am agreeing t e conducted prio nonths. Any offe loyment screenir	nd that I will be emer Dunwoody Village with violation of the last of screening for crust to and at any times of employment from process, includitions.	ployed as an "at will" employee ge or I may terminate my employ- tw. iminal background, drugs and e during employment. I under- om Dunwoody Village is contin- ng the receipt of satisfactory ref-
A Criminal Record Background Investing the Older Adults Protective Act will pised that as a condition of my employ State Police and/or the Federal Burea employment of persons convicted of counthorize Dunwoody Village to deducting the from my first paycheck. The convears, an additional criminal record by me of \$30.25. The original of this report of the convertify that the information provided tify that I have read and understand a	tigation Report multiresult in a denial of ment, criminal histant of Investigation. The cost of the prest of this report is specified on justice will be held on justice to this appliable parts of the parts of	of employment. I tory background I understand that this informate employment critically be obtained file in the Humatication is true and ication. I agree	By my signature be at clearance must be at Act 169 of 1996 attion is being obtaininal record backbeen a resident of from the Federal En Resources Depart to the be that if I am employ	clow I affirm that I have been ad- e obtained from the Pennsylvania and Act 13 of 1997 prohibit the ned in compliance with this act. I ground investigation report on Pennsylvania for less than two Sureau of Investigation at a cost to the them.
abide by all rules, regulations, policie Applicant Sign	es and procedures s			Date

DUNWOODY VILLAGE REFERENCE CHECK FORM

All applicants must complete the top half of this form. The Dunwoody Village Human Resources Department will contact previous employers, if candidate is considered for hire. Name of Applicant: _____ Name of Employer: ______ Name of Supervisor: _____ Telephone Number: Fax Number: hereby authorize the release of the following information to Dunwoody Village. Date Signature has applied for employment with Dunwoody Village. As a previous employer, your candid appraisal will greatly assist us in completing our personnel record. Your assistance is appreciated and your evaluation will be confidential. Applicant states that he/she worked with you from: to ______ to _____ Is that correct? If not, please verify the correct dates: ______ to _____ Position held with your organization? Is the individual eligible for rehire? Comments: Person Contacted: ______ Title: _____ Date Signature Please fill out completely

and promptly fax back to **610-359-4449**.
Thank you.



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Name of Applicant:	
Name of Employer :	Name of Supervisor:
Address:	
Telephone Number:	Fax Number:
I, hereby au Dunwoody Village.	uthorize the release of the following information to
Signature	 Date
record. Your assistance is appreciated and	
	rou from: to
Is that correct? If not, please verify the corre	rect dates: to
Position held with your organization?	
Is the individual eligible for rehire?	
	<u> </u>
Person Contacted:	Title:
Signature	Date
Please fill out completely	

Please fill out completely and promptly fax back to **610-359-4449**. Thank you.

