

Application for Employment



Please print legibly when completing the form and complete form fully

COMPLETED FORM: *Return to Reception Desk at 600 Park Lane or email to HR@fvrc.com*

AN EQUAL OPPORTUNITY EMPLOYER

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department

Position(s) applied for _____ Date of application ____ / ____ / ____

Name _____
Last First Middle

Telephone # (____) _____ Email Address _____

Alternate Phone # (____) _____

last 4 of Social Security # XXX-XX-_____

Address _____
Street City State Zip Code

If you are under 18 and it is required, can you furnish a work permit? Yes No Not Applicable

If no, please explain _____

Have you submitted an application here before? Yes No

If yes, give date(s) and position(s) _____

Have you ever been employed here before? Yes No

If yes, give dates _____ From ____ / ____ / ____ To ____ / ____ / ____

Are you legally eligible for employment in this country? Yes No

Date available to work ____ / ____ / ____ What is your desired salary range? \$ _____

Type of employment desired: Part-Time Full-Time

Will you work overtime if required? Yes No

If no, please explain _____

Friendship Village facilities operate 24 hours a day, 7 days a week, and 365 days a year. Are you willing to work holidays and weekends if required? Yes No

Employment History Check this box if you have **NO** previous work or volunteer (non-paid work) experience

Starting with your most recent employer, assignment, or volunteer activity, please provide the following information.

Employer Name		Start Date	
Telephone #		End Date	
Address		Job Title	
City, State		Supervisor	
Reason for Leaving		Compensation	
		\$	
May we contact for reference? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> later (when?)		<input type="checkbox"/> hourly <input type="checkbox"/> annual salary	

Employer Name		Start Date	
Telephone #		End Date	
Address		Job Title	
City, State		Supervisor	
Reason for Leaving		Compensation	
		\$	
May we contact for reference? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> later (when?)		<input type="checkbox"/> hourly <input type="checkbox"/> annual salary	

Employer Name		Start Date	
Telephone #		End Date	
Address		Job Title	
City, State		Supervisor	
Reason for Leaving		Compensation	
		\$	
May we contact for reference? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> later (when?)		<input type="checkbox"/> hourly <input type="checkbox"/> annual salary	

Employer Name		Start Date	
Telephone #		End Date	
Address		Job Title	
City, State		Supervisor	
Reason for Leaving		Compensation	
		\$	
May we contact for reference? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> later (when?)		<input type="checkbox"/> hourly <input type="checkbox"/> annual salary	

Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying, or anything else that we should know about you.

Educational Background (if job related)

Starting with your most recent school attended, provide the following information.

School (Include City and State)	Number of Years Completed	Achieved	GPA Class Rank	Major	Minor
		GED Diploma Degree			
		GED Diploma Degree			
		GED Diploma Degree			

References

List name and telephone number of at least **three (3) professional references.**

Name	Relationship to Candidate	Email Address	Telephone	Number of Years Known

Additional Information

List professional, trade, business or civic associates and any offices held.

EXCLUDE MEMBERSHIPS THAT WOULD REVEAL RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, CITIZENSHIP, AGE, MENTAL OR PHYSICAL DISABILITIES, VETERAN/RESERVE NATIONAL GUARD OR ANY OTHER SIMILARLY PROTECTED STATUS.

Organization	Offices Held

List special accomplishments, publications, awards, etc.

EXCLUDE MEMBERSHIPS THAT WOULD REVEAL RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, CITIZENSHIP, AGE, MENTAL OR PHYSICAL DISABILITIES, VETERAN/RESERVE NATIONAL GUARD OR ANY OTHER SIMILARLY PROTECTED STATUS. _____

Additional Information

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ **Date** ____/____/____