



An Equal Opportunity Employer

APPLICATION FOR EMPLOYMENT

APPLICATION DATE: _____
DATE AVAILABLE: _____

Answer all questions completely in your own handwriting.
Incomplete applications will not be considered.
If employed, this completed application will become part of your permanent record.
Brevillier Village Foundation, Inc. hires qualified individuals regardless of disability and will reasonably accommodate an individual's disability during both the application process and on the job.
Conviction of one or more of the crimes listed in the Older Adults Protective Services Act 169 as amended by Act 13 will result in a denial of employment.

NAME: _____
Last First Middle Social Security Number
HAVE YOU EVER USED ANOTHER NAME? _____ YES _____ NO
IF YES, WHAT IS IT? _____

CURRENT ADDRESS: _____
Number Street City State Zip
email address: _____ () _____

Phone Number (Home or Neighbor) Cell Phone Number
HAVE YOU BEEN A RESIDENT OF PA FOR THE PAST TWO YEARS CONSECUTIVELY? Yes ___ No ___
IF NO, PROVIDE PREVIOUS ADDRESS(ES): _____

ARE YOU UNDER THE AGE 18? YES ___ NO ___ If under 18, a work permit will be required after hire.

REFERRED BY: _____ Relationship to applicant
POSITION DESIRED: _____ Name _____
1st choice 2nd choice

STATUS PREFERRED (Full Time, Part Time, Any): _____ SHIFT PREFERRED (1st, 2nd, 3rd, Any): _____

Please indicate days and hours(include am/pm) you are available to work: (Be specific.)

No guarantee of scheduled hours is implied by provided information.

Sun	Mon	Tues	Weds	Thurs	Fri	Sat

Do you have any responsibilities that would limit your availability? Yes ___ No If yes, explain: _____

Please describe any skills and special interests you have applicable to the position applied: _____

FOR NURSE AIDES, RN'S, LPN'S ONLY: _____
Registration Number State of Registration Expiration Date
ARE YOU PRESENTLY CERTIFIED IN THE STATE OF PENNSYLVANIA? YES ___ NO ___
COMMENTS: _____

EMPLOYMENT

Have you ever been employed at Brevillier Village? _____ If yes, dates of employment _____
 Have you previously applied at Brevillier Village? _____ If yes, when? _____
 For what position? _____

ARE YOU EMPLOYED NOW? _____ IF SO, MAY WE CONTACT YOUR EMPLOYER? _____

FORMER EMPLOYERS:
 LIST BELOW LAST FOUR EMPLOYERS, WITH COMPLETE NAME, ADDRESS, STREET, CITY, STATE, ZIP CODE, AND PHONE NUMBER.

START WITH CURRENT OR MOST RECENT POSITION.

MONTH/YEAR	NAME/ADDRESS/PHONE NUMBER OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM: _____ TO: _____ Supervisor: _____ The one thing that I liked best about this position was _____ The one thing that I liked least about this position was _____				
FROM: _____ TO: _____ Supervisor: _____ The one thing that I liked best about this position was _____ The one thing that I liked least about this position was _____				
FROM: _____ TO: _____ Supervisor: _____ The one thing that I liked best about this position was _____ The one thing that I liked least about this position was _____				

EDUCATION	Name and location of school	Grade completed	Did you graduate?	Degree received, Major area of study
HIGH SCHOOL				
COLLEGE				
TRADE OR BUSINESS				
PROFESSIONAL SCHOOL				

PERSONAL REFERENCES:

Please include complete name, address, street, city, state, zip code, phone number and relationship to applicant.

Do not use family or former employers. List persons whom you have known for at least five years.

1. _____
2. _____
3. _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY AND/OR A MISDEMEANOR? YES ___ NO ___
 IF YES, GIVE PARTICULARS _____

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS QUESTIONNAIRE (PRESENT EMPLOYER NOT INCLUDED IF NOTED). I CERTIFY THAT THE ANSWERS GIVEN BY ME ARE TRUE AND CORRECT WITHOUT OMISSIONS OF ANY KIND. IF THERE IS AN OFFER OF EMPLOYMENT I UNDERSTAND THAT IT IS CONTINGENT UPON PASSING A PHYSICAL EXAM AT MY OWN EXPENSE. I AUTHORIZE BREVILLIER VILLAGE TO CONDUCT A CRIMINAL BACKGROUND CHECK. I AFFIRM THAT I HAVE NOT COMMITTED A FELONY OR MISDEMEANOR THAT WOULD DISQUALIFY ME FROM EMPLOYMENT AS OUTLINED UNDER THE OLDER ADULTS PROTECTIVE SERVICES ACT 169 AS AMENDED BY ACT 13.

SIGNATURE & DATE _____

*In order to provide permission for reference checks,
 Applicant to complete the **bolded areas only** on reverse side.*

