



An Equal Opportunity Employer

APPLICATION DATE: _____

DATE AVAILABLE: _____

APPLICATION FOR EMPLOYMENT

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 Phone Number
(Home or Neighbor)

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: _____
Name Relationship to applicant

POSITION DESIRED: _____
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: _____

Date received in HR: _____ cc: _____

TO: WORK REFERENCE DATE: _____

The person named below has made application for employment with Brevillier Village for the position of _____
 and claims employment with your organization from _____ to _____ (Yes) (No)
 As a _____ (Yes) (No).

Please verify this employment and also check the form below. Any additional information you can give us will be appreciated and kept confidential. The applicant authorizes release of information on this form by her/his signature below. A postage paid envelope is enclosed for your convenience in replying or return by fax to (814)898-1910.

Thank you for taking the time needed to complete this form.

 Linda Simpson, Director of Human Resources

I HEREBY AUTHORIZE RELEASE OF THE REQUESTED INFORMATION.

X
APPLICANT'S SIGNATURE

SOCIAL SECURITY NUMBER **PRINT YOUR NAME**

ADDRESS: STREET ADDRESS CITY STATE ZIP

	EXCELLENT	GOOD	AVERAGE	FAIR	POOR	UNKNOWN
JOB ABILITY						
ATTENDANCE						
INITIATIVE						
CONDUCT/ATTITUDE						

VOLUNTARY RESIGNATION _____ LAY OFF _____ DISCHARGE _____

REASON FOR SEPARATION _____

WOULD YOU RE-EMPLOY? YES ___ NO ___ IF NO, STATE REASON _____

SIGNATURE _____ DATE _____

TITLE _____

BREVILLIER VILLAGE FOUNDATION, INC., 5416 EAST LAKE ROAD, ERIE, PA 16511 (814) 899-8600
PERSONAL REFERRAL

DATE: _____

RE: _____ POSITION APPLIED FOR: _____

- How long have you known the applicant and in what capacity, neighbor, work associate, etc.? _____
- Do you recommend the applicant for employment at our health care facility? _____ Why? _____
- Does the applicant get along well with other people? _____
- ADDITIONAL COMMENTS: _____

SIGNATURE _____

I, _____, **GIVE AUTHORIZATION FOR YOU TO CHECK MY PERSONAL REFERENCES.**
 Print your name **APPLICANT'S SIGNATURE X** DATE _____

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.*

EMPLOYMENT

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

FORMER EMPLOYERS:

LIST BELOW LAST FIVE 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 _____ .				
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 _____ .				