Email Completed Application: hr5416@brevillier.org

Brevillier Village Employment Application



Brevillier Village is an equal opportunity employer that is committed to diversity and inclusion in the workplace. We prohibit discrimination and harassment of any kind based on race, color, sex, religion, sexual orientation, national origin, disability, genetic information, pregnancy, or any other protected characteristic as outlined by federal, state, or local laws.

Personal Information

Name (Last)		First		Middle		Social Security	/ Number
Home Address		City		State		Zip	
Phone Number	Email						
Position Applying For		Date Available			Are you interested	in (Check all tha	
Referred By:		1					
Name			Relationship to	Applicant			
Are you under the age of 18? (If Have you been a resident of Pen				hire)		Yes Yes	No
Availability							

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start							
Finish							

If yes, explain:

Education							
Type of School	Name and Location of School		Degree/Area of	Year of	(Graduated	
Type of School				Study	Completion	(0	Check One)
High School/GED	Name						Yes
	City	State					No
College/ Professional	Name						Yes
	City	State					No
Other	Name						Yes
	City	State					No
Current license, reginumbers (if any):	stration or Certific	cation and					

Date:

Employment History

List employment starting with yo	our most recent position. You may in	clude verified work performed on a volunteer l	pasis.
Are you currently employed?	If yes, may we c	contact your current employer?	Yes No
Name of Employer		Position	Salary or Wage
City&State	Phone Number	Reason for Leaving	I
Supervisor		Dates of From: Employment	То:
Name of Employer		Position	Salary or Wage
City&State	Phone Number	Reason for Leaving	
Supervisor		Dates of From: Employment	То:
Name of Employer		Position	Salary or Wage
City&State	Phone Number	Reason for Leaving	
Supervisor	ļ	Dates of From: Employment	To:
Have you previously worked for	Brevillier Village?	·	Yes No
Name while employed if differer	nt from above:		
Position Held:		Dates Employed From:	To:
Reason for Leaving:			
Deference			

References

Legal

Business or Personal References: (do not list relatives)						
Name	Phone Number	Relationship				

Are you legally authorized to work in the United States?	Yes	No
Have you ever been convicted of or plead guilty to a felony and/or misdemeanor?	Yes	No
If yes, please explain in full:		

Please Read Carefully

I certify that, to the best of my knowledge and belief, all of the information on and attached to this application, is true, correct, complete, and made in good faith. I understand that a false or fraudulent answer to any question or item on any part of this application or its attachments may be grounds for not hiring me or for discharge after I begin work. If there is an offer of employment I understand that it is contingent upon passing a physical exam and drug screening. I authorize to conduct a criminal background check and affirm that I have not committed a felony or misdemeanor that would disqualify me from employment outlined under the Older Adults Protective Service Act 169 as Amended by Act 13. I authorize the refrences and employers listed herin to give you any and all information concerning my previous employment and any pertinent information they may have, and release them from all liability that may result in utilization of such information.

Signature:

Date:

Signature: Physical signature will be requested upon interview Date: