

VALLEY VIEW REHAB AND NURSING CENTER

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer and do not discriminate on the basis of an applicant's or employee's race, color, religion, sex, national origin, citizenship, age, physical or mental disability or any other protected characteristic.

PERSONAL INFORMATION (Please Print)

NAME: _____ DATE COMPLETED: _____
Last First Middle

Other Names used: _____
Please list any other names under which you have been educated or employed (e.g. maiden names)

ADDRESS: _____
Street City State Zip

E-mail _____ HOME PHONE: _____ CELL PHONE: _____
 Address: _____

Are you 18 yrs or older? Yes _____ No _____ Are you currently a resident of Pennsylvania? Yes _____ No _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? Yes _____ No _____

Have you been a resident of Pennsylvania for the past 2 years (without Interruption)? Yes _____ No _____

EMPLOYMENT DESIRED

Position you are applying for: _____ Date you can start: _____ Pay rate desired: _____

Status desired: Full-Time _____ Part-Time _____ Per Diem _____ Shifts you can work: 1st _____ 2nd _____ 3rd _____ Any _____

Are you currently employed? _____ If yes, may we contact your current employer(s)? _____

Have you ever worked at Valley View? _____ When? _____ Have you applied at Valley View before? _____ When? _____

Are you related to anyone currently employed at Valley View? _____ If yes, who? _____

Were you referred by a current Valley View employee? _____ If yes, who? _____

EDUCATION

	Name of School	Course of Study	# Years	Did You Graduate?	Degree/ Diploma
High School					
College					
Business/Trade/Tech					
Graduate School					

Subject of Special Study or Research Work: _____

Licenses (All States), Certifications, & Special Skills: _____

List All Disciplinary Actions on Licenses: _____

OTHER

Activities: (Civic, Athletic, etc.): _____
Do not include any information which may indicate race, creed, sex, age, martial status, color or nation of origin.

US Military or Naval Service: _____ Rank _____

Present membership in National Guard or Reserves: _____

Have you ever been on the Office of Inspector General (OIG) list of persons excluded from working in a health care facility? _____

Have you ever been convicted of a crime? _____ List Dates: _____

Offense Charged: _____ Disposition: _____

Continued on other side

**FORMER EMPLOYERS - List below your last four employers, starting with the most recent first:
Please account for your residence for the past two years, even if you were not employed.**

1. Company Name:	Phone # ()
Address: City/State:	Date Employed (include Month and Year) From: To:
Name of Supervisor:	Pay Rate Starting: Last:
Job title/duties:	Reason for Leaving:
2. Company Name:	Phone # ()
Address: City/State:	Date Employed (include Month and Year) From: To:
Name of Supervisor:	Pay Rate Starting: Last:
Job title/duties:	Reason for Leaving:
3. Company Name:	Phone # ()
Address: City/State:	Date Employed (include Month and Year) From: To:
Name of Supervisor:	Pay Rate Starting: Last:
Job title/duties:	Reason for Leaving:
4. Company Name:	Phone # ()
Address: City/State:	Date Employed (include Month and Year) From: To:
Name of Supervisor:	Pay Rate Starting: Last:
Job title/duties:	Reason for Leaving:

REFERENCES – please list 3 persons not listed above and not related to you, whom can attest to your recent work performance.

Name	Relationship	E-mail Address (if available)	Phone Number	Yrs. Known

“I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omission, or misrepresentations are discovered, my application may be rejected and if I am employed, my employment may be terminated at any time.

I hereby give permission to contact the schools, employers and references listed above, and authorize them to provide any and all information requested regarding my employment, character and qualifications. I hereby release said schools, companies, and persons from all liability for any damages that may result from providing such information.

In consideration of my employment, I agree to abide by and conform to the company’s policies, rules, regulations, and requirements. I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at my or the Company’s option. I also understand and agree that the company may change the terms and conditions of my employment, with or without cause, and with or without notice, at any time. I understand that no company representative, other than its Administrator and then only in writing and signed by the Administrator, has authority to enter into any agreement for employment for any specific period of time or to make any agreement contrary to the foregoing.”

Date: _____

Signature _____

Valley View Rehab and Nursing Center

Criminal Background Checks

Our Facility is required by Law to conduct a background check for all Pennsylvania residents through the Pennsylvania State Police.

For all applicants who are not current PA residents or have not been PA residents continuously for the two years prior to their application for employment, a FBI criminal background investigation will be performed.

Please check the applicable statement below:

_____ I hereby attest that I have been a resident of Pennsylvania for the past 2 years (without interruption).

or

_____ I have not resided in the state of PA for the last 2 consecutive years and understand that an FBI background check will be performed.

Print Name

Signature

Date