

Applicant Name (please print) _____

Date _____



APPLICATION FOR EMPLOYMENT

If you need help filling out this application form or any other phase of the employment process, please notify the person who gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time. **Please complete all pages in this form.** If more space is needed to complete any question, use an extra sheet of paper. **Print clearly and complete all sections, as noted. Illegible or incomplete applications will not be processed.**

All qualified applicants will receive consideration without discrimination because of race, color, religion, sex, age, disability, national origin or veteran status.

INTRODUCTION

I want to take this opportunity to personally welcome you to Valley View Senior Life. You are applying to be part of a team dedicated to providing a very special service to older adults.

We want you to know that you could be joining a dedicated group of employees who have been providing health care for many years. We are very proud of the fact that several of our employees have extended tenure with the facility...some since our opening in 1973.

Our mission statement is:

We strive to provide the highest standards of care and service at Valley View.

We strive to enhance the quality of life of all residents by providing an enriching and dignified environment in which to live.

We strive to create an environment for all staff that encourages productivity, teamwork, and communication.

We encourage growth and fiscal responsibility guided by principles of integrity and professionalism.

In order to meet and exceed our mission statement, it is essential that all employees lend their full support and cooperation in following the policies and practices of Valley View. This mission statement, which is our purpose for existing, is alive and guides this organization's direction.

STATEMENT OF PHILOSOPHY

It is our philosophy to be supportive and to allow our resident to live as independently as possible, which means to direct his or her own life and to use one's abilities to the maximum.

It is our philosophy to accept the rights of the individual to express him or herself, to assist each individual to maintain a sense of dignity and freedom and to make a continuing contribution to one's surroundings.

The management and staff of Valley View Senior Life appreciate your involvement in being a part of this team. The job that you do is essential to our success, and your presence and contribution will help make Valley View a meaningful place to work.

I want to take this opportunity to personally welcome you to Valley View. Your commitment to quality of living for our residents is essential to the lives of our residents. I would like to share some of our operating philosophies so there will be no misunderstandings about our expectations for your performance.

1. Talk to each other...not about each other. Please, no sandbagging.
2. Leadership is the solution to all of our problems. Leadership is not indicated by position, but rather by action. Every employee is expected to be a leader in the provision of excellence of care.
3. We are all here to serve others...residents, families, volunteers, visitors, vendors, and co-workers.
4. We must practice declared values individually and corporately, which are our desired behavioral characteristics, to create a healthy living and work environment.
5. No one wants to go to a nursing home...so Valley View must not be one.
6. This must be "work", not a "job". If the work is worthwhile, the employee will be regarded as worthwhile. The leaders of the facility honor and respect the worth of the employees.
7. Our most important "customer" is our residents and their families AND our employees.
8. There is a one-to-one correlation between the manner in which our employees perceive how their supervisor and the company treat them, and the manner in which the employee treats our residents.
9. Good enough is never good enough, if better is possible.

If you don't think you can work within this philosophy, please do not go any further with this application.

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Last Name	First Name	Middle Name	Are you 18 years or older?
Street Address		Are you legally eligible for employment in the U.S.?	Social Security Number
City	State	Zip	Telephone No.(s)
Position(s) you are applying for (Maximum of 2)		Date Available	Minimum Salary Desired
Shift(s) you are applying for: <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Night			
Referred by current Valley View employee?	Name	Job	Relationship
Have you applied for a position with us before?	If yes, please give date(s) and position(s) applied for.		
Names(s) of relatives employed by us.		Relationship	Department/Position
Have you ever been employed by us?	Dates	Position(s)	
High School	Location	Did you graduate?	Major Subject
College	Location	Did you graduate?	Major Subject
Trade School	Location	Did you graduate?	Major Subject
State Certifications or Licenses?	(CNA, CMA, LPN, RN)	Certificate or License Number	Issuing State
Has your License/Certification ever been under review, revoked or suspended because of activity related to patient care or the performance of your duties in your profession?	YES or NO?	If Yes, Please Explain.	

May we contact your current employer? YES NO

List employment starting with your most recent job during the last 10 years. Account for any time period that you were unemployed by stating the nature of your activities. Use a separate sheet of paper, if necessary.

1. Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
2. Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
3. Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
4. Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

List any professional groups, trade groups, or other organizations you belong to that you consider relevant to your ability to perform the job(s) for which you are applying.

List experience from your military service that would be relevant to the job(s) for which you are applying.

Have you been convicted of any crime and/or felony in the last seven (7) years? (this would include any current withstanding court decisions) Yes No

If Yes, please explain

Answer these questions only if you have received a copy of the job description or had the requirements of the job thoroughly explained to you:

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you been given a job description or had the requirements of the job explained to you?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you understand the requirements?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Can you perform the requirements of this job with or without reasonable accommodations?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	If the job requires, do you have an appropriate valid driver's license?
		Driver's License Number _____ Type _____ State of Issue _____
		Signature _____ Date _____

I UNDERSTAND:

- That completing this application does not constitute an offer of employment and that my application may be rejected for any reason.
- That giving false or misleading information on this form or in an interview is grounds for denial or immediate termination of employment.
- That I may be required to complete a medical history form and may be required to be examined by a medical professional designated by Valley View.
- That if I sustain any injury or illness in the employment of Valley View Senior Life, I agree that Valley View shall be entitled to receive full and complete reports and records covering any medical or related exams, and I authorize any and all such doctors, medical examiners, and hospitals to give to Valley View full and complete reports and records covering such examinations, condition, care, and treatment related to or resulting from the alleged illness or injury.
- That if hired, Valley View utilizes E-Verify to confirm through the SSA/DHS that I am authorized to work in the United States.

AUTHORIZATION TO RELEASE INFORMATION

If I am given a conditional offer of employment, I authorize Valley View Senior Life to make a complete investigation of me, including but not limited to: my past employment history, medical history, scholastic records, criminal records, abuse records, motor vehicle driving records, workers' compensation history and to rely on such information sources. I authorize all persons and organizations to release any information concerning my background and hereby release all persons and organizations from liability for any damage whatsoever for issuing this information. I acknowledge that a telephone facsimile (FAX) or photographic copy shall be as valid as the original.

By signing below, I certify that I have not been convicted of an offense that would preclude working in a nursing facility. I also certify that I am not excluded from participation in federal health care programs. Furthermore, I understand that I will be subject to a search of the OIG List of Excluded Individuals, and that a comprehensive criminal background screening will be completed by a third party organization acting on behalf of VV. If the findings of that background screening result in a refusal to hire, I will be notified in writing and may request a copy of the findings from the third party organization.

I understand that the use of illegal drugs is prohibited during employment. If employment policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and/or during employment.

I understand that this employment application and any other employee-related documents are not contracts of employment; and that any individual who is hired may voluntarily leave employment upon proper notice, and may be terminated by the employer at any time for any reason. I understand that any oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon by any prospective or existing employee.

APPLICANT SIGNATURE _____ DATE _____

EQUAL EMPLOYMENT OPPORTUNITY AND AFFIRMATIVE ACTION

Applicant Tracking Form

The information below is required by state and federal regulations for statistical and affirmative action purposes and does not influence employment decisions. This page is separated from your application immediately upon being received, and will be kept confidential. This form is to be completed voluntarily and failure to do so will not have an effect on the application process.

Name: _____ **Gender:** Male Female

Ethnic Group: (please check one)

- Hispanic or Latino – All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race (if you have selected this category, it is not necessary to select from the racial groups found below).
- Non Hispanic/Latino – If this category is checked, please select from the racial groups found below.

Racial Group: If Non Hispanic/Latino was selected above, please check one of the below race categories.

- White (Non Hispanic/Latino): All persons having origins in any of the original people of Europe, North Africa, or the Middle East.
- Black or African American (Not of Hispanic Origin): All persons having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino): Any persons having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (Not Hispanic or Latino): Any persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaskan Native (Not Hispanic or Latino): Any persons having origins in any of the original peoples of North or South America, and who maintain cultural identification through tribal affiliation or community attachment.
- Two or More Races (Not Hispanic or Latino): All persons who identify with more than one of the above races.

Decline Self Identification: If you do not wish to self identify your gender, ethnicity or race, please check box below.

- I do not wish to self identify.

This information is submitted voluntarily, will be kept confidential, will be exclusively utilized for EEO statistical gathering and compliance purposes and will not influence the application or hiring process.