

Grand View Manor: Application for EmploymentPage 2 of 8 – Revised: March 2, 2005

N	IAME AND ADDRESS INFORMATION			
Last Name:	First Name:	Middle Name:		
Present Address: Street:	City:	State/Zip:	Telephone:	
Permanent Address: Street:	City:	State/Zip:	Telephone:	
Mobile/Beeper/Other Phone #: ()				
	WORK ELIGIBILITY INFORMATION			
	nave a legal right to work and remain pe nigration Reform and Control Act of 198			
No person under the age of 18 shall be employed without a general or vacation employment certificate. Are you 18 years of age or older?: Yes No	work permanently in the United and that you are eligible to volume the United States?			
	POSITION INFORMATION	T		
Position Desired: Resident Assistant Other	Pay Expected:	Date You Could	Start:	
Check (_) Hours You Are Available To V Full Time Part Time Day Shift Evening Shift	Work (please check all that apply): Temporary Weekend Night Shift Overtime			
Are you employed now? Yes No	If so, may we inquire of your present employer? Yes No	Are you currently on "layoff" status and subject to recall? Yes No		
Are you now or do you expect to be engaged in any other business or employment? Yes No	If yes, please explain:			
Do you have any relatives currently employed by us? Yes No	If yes, give name:			
Have you ever been convicted of a felony?: Yes No Do you have a history of or have you ever been convicted of a violent crime or were you ever dismissed due to abuse of residents? Yes No	If yes, please explain: Note: A yes does not automatically di the nature of the offense, date, and th also be considered.			
If you are applying for a Resident Assistation abuse background check and post-offer 80 pounds. Are you able to meet all these	drug/alcohol tests, frequent bending, rea			

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			REFERRAL INF	ORMATION			
Referred By:InitiativeCareer Placement	Newsp Phone	aper Ad Book	Employme Other?	nt Agency	En	nployee N	lame
EDUCATION			Name of Scho Location of Sch			l You duate?	Degrees or Major Field of Interest
High School or GED						Yes No	
College						Yes No	
Trade or Business School	l					Yes No	
Are you planning to pursu	ue further stud No	dies:	If 'yes', please expl	ain:			
EMPLOYMENT HISTORY	school, mili	tary servicent and uner	e, self employment,	and unempl	oyment. Please	account f	me employment while in or all periods of a tleast the last three
(1) Employer:					Telephone: ()	
Street Address:			City:		State:		Zip:
Period Employed (Month	Year):	From:	To:				Salary:
Supervisor Name and Tit	le:		Your Job/Posit	ion Title:			
Description of Your Dutie	s:						
Reason for Leaving:							
May We Contact the Emp	oloyer?: Y	es No)				
(2) Employer:					Telephone: ()	
Street Address:			City:		State:		Zip:
Period Employed (Month,	/Year):	From:	To:				Salary:
Supervisor Name and Tit	le:		Your Job/Posit	ion Title:			
Description of Your Dutie	s:						
Reason for Leaving:							
May We Contact the Emp	oloyer?: Y	es No	1				
(3) Employer:					Telephone: ()	
Street Address:			City:		State:		Zip:
Period Employed (Month,	/Year):	From:	To:				Salary:
Supervisor Name and Tit	le:		Your Job/Posit	ion Title:			
Description of Your Dutie	s:		•				•
Reason for Leaving:							
May We Contact the Emp	olover?:	es No	 D				

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APPLICATION FOR EMPLOYMENT IMPORTANT AUTHORIZATIONS AND UNDERSTANDINGS					
INTRODUCTION					
Thank you for your interest in our Company. The purpose of this application packet is to provious information about the job for which you are applying, information about the Company, and to a comparing your qualifications with those required to be considered for the position.	issist y	you in	1	nent	
Our goal is to hire and retain the best employees and provide them with a healthy, safe, and p place. Our employees are our most valuable resource and will be treated as such.	roduct	tive w	ork		
EQUAL EMPLOYMENT OPPORTUNITY					
All qualified applicants will be considered on their merits and without regard to age, race, color origin, disability, military status, or any other status protected by law.	, sex,	natio	nal		
REASONABLE ACCOMMODATION					
If you need assistance or an accommodation during the application process because of a disa upon request. We are pleased to provide such assistance and no applicant will be penalized a request.	bility, s a re	it is a sult o	vailab f such	ole n a	
JOB APPLICATION POLICY					
We generally accept job applications only when we have determined there are jobs available of available. When we make a determination that there are jobs we intend to fill, we reserve the applications already on file prior to accepting new applications. Given the nature of our busine right to not hire persons even though applications have been accepted should we determine of as we initially projected. Applications are considered "active" for a period of 90 calendar days were initially signed. An applicant who wishes to be considered after the expiration of that per one (1) additional 30 day "active" period by either calling or personally visiting the Company not (5) calendar days prior to an no later than five (5) calendar days after the expiration of the initial that event, the second 30 day active period will commence immediately upon the expiration of expiration of the "active" period, a new application must be completed. All applications must be Company. We accept only numbered originals of our applications material.	right to ess, we ur need from to iod ma o soor al 30 co the fir	o revience reserved we de the	ew acerve the ere not tablished the the tablished tablished the tablished the tablished tablished the tablished tablished the tablished tablished tablished the tablished	he ot ey h e d. In	
HIRING DECISIONS					
We hire based on personal contact with individuals. We base our hiring decision on a variety skills and ability to perform the job, prior employment with us, employment references, willingn offered salary, and personal interviews.					
GENERAL WORK AND SCHEDULING RULES					
All employees are expected to work and to work the hours appropriate for their employment st of our business that work may need to be done on a tight schedule. Just as the classification on the a guarantee of a certain number of hours or work, it is not a limitation on the number of hour individual may be assigned unless prior approval has been given or the Company is aware prior conditions which would preclude an individual from being able to work. Full time employees available for regular 40 hours schedule plus overtime as may be required by the Company. Remporary employees are expected to be available for the hours for which they committed to whire.	of an eurs for or to the same of the same	emplo r whic he as expect r part	yee is h an signm ted to time	nent be and	
CONFLICT OF INTEREST					
Our employees are prohibited from working or having an ownership interest in any other comp of any size or type where there is a potential conflict of interest with our business except with t Company. The Company employees may not own (in whole or in part, directly or indirectly), n consultant to, or have any relationship with another similar company or organization.	he ap _l	prova	I of th		

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DRIVING INFORMATION - Non-CDL

STOP! DO <u>NOT</u> SIGN THE FOLLOWING UNLESS DRIVING IS A REQUIREM! ARE APPLYING	
The Company requires all employees who are required to drive in the cour license and a record of safe driving. By signing this form, you are allowing other agency or company, to furnish us with a copy of your driving record. Credit Reporting Act.	us to ask the Pennsylvania Department of Transportation, or
I [printed name of operator] he to the Company.	ereby consent to the above information being provided
[signature of operator]	[date]
IMPORTANT PLEASE READ BEFOR	
COMPLETENESS AND ACCURAC	CY OF INFORMATION
I represent that all of the information given by me in support of my I understand that any false, omitted or misleading information subme from consideration for hire. If I have already been hired before employment will be terminated. Information not specifically requestion unacceptable.	omitted during the application process will disqualify the the falsification or omission is discovered, my
AUTHORIZATION FOR RELEASE OF INFORMATI	ON AND RELEASE FROM LIABILITY
I acknowledge that a routine inquiry may be made which will provide general reputation, personal characteristics, and mode of living. during the application process with appropriate individuals, compitor release such information as you require, including my prior dispast employment, and education. In accordance with the Fair Criregulations, I have a right to make a written request within a reas information about the nature and scope of any investigation report as a result of those inquiries and disclosures. A photocopy or oth authorization/release is binding and may be relied upon.	I authorize you to verify any of the information given anies, institutions, or agencies and I authorize them ciplinary employment records, criminal background, edit Reporting Act (FCRA) and other applicable onable period of time to receive additional detailed that is made. I release you and them from liability
NO WRITTEN, ORAL OR IMPL	IED CONTRACTS
I understand that all employment with the Company is "at will". T terminate the employment relationship at any time, with or withou understand that any written company documents, or any oral stat or, if I am employed, after I am employed should not be relied up acknowledge that only the President of the Company has the aut then only by written contract specifically signed by the President of	t reason, the Company retains a similar right. I ements made either during the application process on by me as altering the general policy. I hority to alter the at-will nature of employment, and
APPLICATION ACKNOW	LEDGEMENT
I ACKNOWLEDGE I HAVE READ ALL THE ABOVE TERMS AND THA	
Name (please print):	Social Security Number:
Applicant Signature:	Date:

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FORMER EMPLOYER REFERENCE REQUEST

Applicant Name:				
Position Applied For:				
	ployment recor	d and I hereby	o furnish any information concerning my per release such employer from any liability or	sonal
Today's Date:				
Applicant's Signature:				
Former Supervisor's Na	me:			
Former Employer's Nam	ne:			
Address:				
Telephone Number:				
Fax Number:				
Dear Sir/Madam:				
	ciated. Since hi	s/her employr	e was previously employed by you. Your evanent is pending, your earliest reply will be he	
Dates Employed:	·			
Position/s Held:				
Reason/s for Leaving:				
Would You Re-Hire?:				
Please check the appropage Attendance: Quality of Work: Teamwork:	priate response Excellent Excellent Excellent	e: Average Average Average	Below Average Below Average Below Average	
Additional Comments:				
Completed By:				
Title:				
Date:	-			
Thank you.				

Former Employer: Please reply to: 610-944-1800 (phone) or 610-944-5200 (fax)

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FORMER EMPLOYER REFERENCE REQUEST

Applicant Name:				
Position Applied For:				
	ployment record	d and I hereby	o furnish any information co y release such employer fro	
Today's Date:				
Applicant's Signature:				
Former Supervisor's Na	me:			
Former Employer's Nam	ne:			
Address:				
Telephone Number:				
Fax Number:				
Dear Sir/Madam:				
	ciated. Since his	s/her employr	e was previously employed nent is pending, your earlie	
Dates Employed:				
Position/s Held:				
Reason/s for Leaving:				
Would You Re-Hire?:				
Please check the appropriate Attendance: Quality of Work: Teamwork:	priate response Excellent Excellent Excellent	: Average Average Average	Below Average Below Average Below Average	
Additional Comments:				
Completed By:				
Title:				
Date:				
Thank vou.				

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FORMER EMPLOYER REFERENCE REQUEST

Applicant Name:				
Position Applied For:				
	s, or employme	ent record an	to furnish any information concerning my d I hereby release such employer from any ormation.	/
Today's Date:	- 			
Applicant's Signature:				
Former Supervisor's Nam	ie:			
Former Employer's Name	o:			
Address:	-			
Telephone Number:	· 			
Fax Number:				
Dear Sir/Madam:				
	be appreciated	d. Since his/h	e was previously employed by you. Your her employment is pending, your earliest re ation.	ply
Dates Employed:				
Position/s Held:	- 			
Reason/s for Leaving:				
Would You Re-Hire?:				
Please check the appropr Attendance: Quality of Work: Teamwork:	iate response: Excellent Excellent Excellent	Average Average Average	Below Average Below Average Below Average	
Additional Comments:				
Completed By:				
Date:				
Thank you.				

Former Employer:

Please reply to: 610-944-1800 (phone) or 610-944-5200 (fax)