



EMPLOYMENT APPLICATION
 AN EQUAL OPPORTUNITY EMPLOYER

PLEASANT VALLEY MANOR

IDENTIFICATION

LAST NAME		FIRST NAME		MIDDLE INITIAL	DATE
STREET AND NUMBER		CITY	STATE	ZIP CODE	SOCIAL SECURITY NUMBER
TELEPHONE NUMBER		NAME			
U.S. CITIZEN or AUTHORIZED TO WORK IN U.S. YES <input type="checkbox"/> NO <input type="checkbox"/>		IN CASE OF EMERGENCY NOTIFY:		ADDRESS	PHONE

POSITION APPLIED FOR: 1. _____ 2. _____ Minimum Salary Desired _____

AVAILABILITY

Check All Applicable

Available for work full time part time days evenings nights contingent temporary rotating shifts

High School Student State days and hours you cannot work: _____

If your application is considered favorable, on what date would you be available for work? _____

Service school or OJT experience relevant to position(s) applied for: _____

NOTE INFORMATION BELOW TO BE COMPLETED BY FACILITY'S PERSONNEL DEPARTMENT

Dept.	Shift		Position Title		Start Day	Rate of Pay		
Dept. Head	FT	Cont.	PT	Temp.	Perm.	Student	BU <input type="checkbox"/>	License No.
							NBU <input type="checkbox"/>	

REMARKS OR COMMENTS: _____

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED

Grade School

High School

College

1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 6

	NAME OF SCHOOL	LOCATION (Include St., City & State)	Graduated Yes or No	Diploma/Degree
Grammar				
High School				
College				
School of Nursing				
Other Schools/ Training				

SPECIAL SKILLS OR QUALIFICATIONS

CHECK ALL THAT APPLY

CLERICAL SKILLS/EXPERIENCE	NURSING ASSISTANCE EXPERIENCE	MAINTENANCE
Accounts Payable	Patient Admission/Discharge	Carpentry
Accounts Receivable	Blood Pressure	Plumbing
Admitting	Incontinent Care	Electrical
Billing	Catherization	Mechanical
Cashier	Complete Bed Bath	HVAC
Filing	Pt. Feeding	Painting
Hospitalization	Making Occupied Bed	Waste Water Treatment
Insurance	Move Patient	Boiler House Operations
Dictaphone	Orthopedic Care	DIETARY
Typewriter Speed: WPM	Record Intake/Output	Institutional Cooking
Shorthand Speed: WPM	Shampoo	Healthcare/Therapeutic Cooking
PBX	Specimen Collection	Special Diet Programs
Computer: Keypunch SPM	Temperature (Oral/Rectal)	Dietary Aide
CRT/Term Operation	Weighing Pt.	Food Service Worker
Medical Secretary		Baking/Salad Prep.
Medical Transcriber	LAUNDRY	ARTS & CRAFTS
Receptionist	Industrial Laundry Equipment	Therapeutic Recreation
Stenographer		Geriatric Activities
Payroll	HOUSEKEEPING	OTHER SKILLS (Identify)
	Institutional Experience	

PERSONAL REFERENCES

Give the following information on three persons, NOT RELATIVES OR EMPLOYERS, who know/have known you.

NAME	ADDRESS	TELEPHONE	OCCUPATION

GENERAL INFORMATION

1. Are you Under 18 Over 18
2. Have you previously applied to Pleasant Valley Manor for employment? Yes No When? _____
3. Have you ever been employed by Pleasant Valley Manor? Yes No When? _____ In what Job? _____
4. Have you ever been convicted of a felony or a misdemeanor involving assault and battery and/or theft, within the last seven (7) years? Yes No If yes, describe in full (including dates) _____
5. Are you presently employed? May we refer to your present employer?
Yes No Yes No
6. Are you presently on a layoff status from any previous employers, and subject to recall? Yes No
If Yes, please give details: _____
7. Are you known to school/references by another name? Yes No
If yes, by what name: _____
8. How were you referred to Pleasant Valley Manor for employment? _____
9. To the best of your knowledge, do you require any type of accommodation which would enable you to perform any tests related to application for employment with Pleasant Valley Manor? Yes No If yes, explain _____

THIS SECTION FOR PROFESSIONAL AND PRACTICAL NURSES ONLY

Are you currently registered in Pennsylvania or do you hold a current permit? <input type="checkbox"/> Yes <input type="checkbox"/> No	Give registration or permit number and expiration date	If not, have you applied? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give date applied.	Date State Board taken in home state.	In what other states are you registered?
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THIS SECTION FOR LICENSED/CERTIFIED (State, County or City) APPLICANTS ONLY

Are you currently registered/certified in Pennsylvania? <input type="checkbox"/> Yes <input type="checkbox"/> No	Give number (and specialty if applicable).	If not, have you applied? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date State Board taken in home state.	In what other states are you registered/certified?
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List Current and All Previous Employers (Including U.S. Military Experience). If more space is needed use separate sheet. List most recent employment first.

DO NOT REFERENCE RESUME

FROM		Company _____ Street Address _____
Mo.	Yr.	City _____ State _____ Zip Code _____ Phone _____
TO		Job Title/Duties _____
		_____ Base Salary _____
		Supervisor's Name _____ Reason for Leaving _____

FROM		Company _____ Street Address _____
Mo.	Yr.	City _____ State _____ Zip Code _____ Phone _____
TO		Job Title/Duties _____
		_____ Base Salary _____
		Supervisor's Name _____ Reason for Leaving _____

FROM		Company _____ Street Address _____
Mo.	Yr.	City _____ State _____ Zip Code _____ Phone _____
TO		Job Title/Duties _____
		_____ Base Salary _____
		Supervisor's Name _____ Reason for Leaving _____

FROM		Company _____ Street Address _____
Mo.	Yr.	City _____ State _____ Zip Code _____ Phone _____
TO		Job Title/Duties _____
		_____ Base Salary _____
		Supervisor's Name _____ Reason for Leaving _____

IF YOU WISH, LIST ADDITIONAL WORK EXPERIENCE OR RELATED VOLUNTEER SERVICE _____

AGREEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history as may be necessary in arriving at an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application.

SIGNATURE _____

In the event of my employment, I acknowledge, understand and agree that the employment relationship between employee and Pleasant Valley Manor is such that it can be terminated with or without cause, with or without notice, at any time, at the option of either party. No manager or representative of Pleasant Valley Manor other than the Administrator has any authority to enter into any agreement for employment contrary to the foregoing.

DATE _____

In the event of my employment, I understand that false or misleading information given either in my application or interviews may result in discharge. I understand, also, that I am required to abide by all the rules and regulations of my employer.