

***Dallastown Nursing Center and Victorian Villa Assisted Living facility
621-623 East Main Street
Dallastown, Pennsylvania 17313***

Nursing Center: (717) 244-2295 Victorian Villa Assisted Living: (717) 244-9722

Dear Applicant:

Thank you for considering Dallastown Nursing Center and/or the Victorian Villa as a future place of employment. Before we can process your application further,

We need to see and verify the following:

Social Security Card (**Copy if sending by mail**) (Visual check when submitting an application.)

Driver's License (**Copy if sending by mail**) (Visual check when submitting an application.)

Original License (RN, LPN, CNA, Registered Therapist, etc. – no copies allowed) (Visual check when submitting an application.)

We need a copy of the following for Clerical and Technician Positions:

College Transcript and or Degree

We need a copy of the following for Professional Positions:

College Transcript and Degree

We need a copy of the following for All Positions

High School Diploma/GED

Again, thank you for applying with Dallastown Nursing Center and the Victorian Villa.

**DALLASTOWN NURSING CENTER AND/OR THE VICTORIAN VILLA IS AN
EQUAL OPPORTUNITY EMPLOYER**

Have you ever received any sanction or disciplinary action by a State Licensing Board? If so, explain: _____

Have you ever settled or paid a claim for malpractice, misconduct, or negligence in association with your professional practices? If so, explain: *(add additional sheets, if necessary)*

Special Skills/Qualifications: List all special skills you possess and machines or office equipment you can use, such as calculators, printing or graphics equipment, computer equipment, and types of software and hardware, including those related to the position for which you are applying.

Are you able to use American Sign Language? Yes No

Are you a certified interpreter? Yes No

Do you speak a language other than English? Yes No

If yes, what language(s) do you speak? _____ How fluently? Fair Good Excellent

Do you have any relatives working for Dallastown Nursing Center or the Victorian Villa? Yes No

If yes, list the names, relationships, where employed and department.

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED

1. I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete and I understand that any misstatement, falsification, or omission of information shall be grounds for refusal to hire or, if hired, termination.
2. I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the U.S.
3. I understand that Dallastown Nursing Center and/or the Victorian Villa, criminal history background clearance must be obtained from the Pennsylvania State Police and/or the Federal Bureau of Investigation. I understand that Act 169 of 1996 and Act 13 of 1997 prohibit the employment of persons convicted of certain crimes, and that this information is being obtained in compliance with these Acts.
4. I have never been convicted of a crime that would prohibit my employment at Dallastown Nursing Center and/or Victorian Villa. I also understand that my employment is provisional and continued employment is based upon information to be received from the criminal justice agency. If the clearance request indicates convictions for crimes that prohibit my employment under the Act(s), I understand that my employment must be terminated in compliance with State Law.
5. I also hereby indicate that I have no history of or conviction for violent crime and was never dismissed from employment due to abuse of clients or residents.
6. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information to you.

SIGNED _____

Signature (Applicant)

_____ Date

Have you been a resident of the state of Pennsylvania for the past 2 years? YES NO
(please circle)

EMPLOYMENT HISTORY

Please complete one of these pages for each of your last three jobs. If you have additional employment in the last 10 years complete the additional sheets. This information will be the official record of your employment history and must accurately reflect all significant duties performed. Summaries of experience should clearly describe your qualifications. **DO NOT SEND TO YOUR EMPLOYER.**

1. Begin with your current or last position and work back.
2. Employment history should include each position held, even those with the same employer.
3. Give a brief summary of the technical and, if appropriate, the managerial responsibilities of each position you have held.
4. For supervisory/managerial position, indicate the number of employees you supervised.
5. Dallastown Nursing Center/Victorian Villa may verify all jobs listed.

I. The following information must be completed . If this is not complete, your application will not be considered for employment.

1. Date(s) of Employment: From: _____ To: _____

Position(s) Held: 1. _____ Salary \$: _____
 2. _____ Salary \$: _____
 3. _____ Salary \$: _____

2. Duties/Responsibilities (for each position held):

3. Reason for leaving:

EMPLOYMENT VERIFICATION

Applicant Name: _____
Please Print

Social Security #: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize my previous employer and/or school to release the information requested.

Signature: _____

Date: _____

PLACE OF EMPLOYMENT

Company/Agency Name: _____ Mailing

Address: _____ City,

State & Zip code: _____

Company/Agency Phone #: _____ Fax #: _____

Supervisor's Name: _____

_____ Full Time _____ Part Time _____ Summer _____ Temp _____

II. The following information must be completed . If this is not complete, your application will not be considered for employment.

1. Date(s) of Employment: From: _____ To: _____

Position(s) Held: 1. _____ Salary \$: _____
2. _____ Salary \$: _____
3. _____ Salary \$: _____

2. Duties/Responsibilities (for each position held):

3. Reason for leaving:

EMPLOYMENT VERIFICATION

Applicant Name: _____
Please Print

Social Security #: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize my previous employer and/or school to release the information requested.

Signature: _____

Date: _____

PLACE OF EMPLOYMENT

Company/Agency Name: _____ Mailing

Address: _____

City, State & Zip code: _____

Company/Agency Phone #: _____ Fax #: _____

Supervisor's Name: _____

_____ Full Time _____ Part Time _____ Summer _____ Temp _____

III. The following information must be completed . If this is not complete, your application will not be considered for employment.

1. Date(s) of Employment: From: _____ To: _____

Position(s) Held: 1. _____ Salary \$: _____
2. _____ Salary \$: _____
3. _____ Salary \$: _____

2. Duties/Responsibilities (for each position held):

3. Reason for leaving:

EMPLOYMENT VERIFICATION

Applicant Name: _____
Please Print

Social Security #: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize my previous employer and/or school to release the information requested.

Signature: _____

Date: _____

PLACE OF EMPLOYMENT

Company/Agency Name: _____

Mailing Address: _____

City, State & Zip code: _____

Company/Agency Phone #: _____ Fax #: _____

Supervisor's Name: _____

_____ Full Time _____ Part Time _____ Summer _____ Temp _____

PLEASE LIST ALL ADDITIONAL EMPLOYMENT GOING BACK *TEN YEARS*. YOU MAY LIST ADDITIONAL EMPLOYMENT WHICH DEMONSTRATES *RELATED EXPERIENCE* FOR THE POSITION TO WHICH YOU ARE APPLYING. Make additional copies of this page, if necessary.

Company Name:

Position Held: 1. _____ Salary \$: _____ Dates: _____
Duties/Responsibilities: _____

Reason for Leaving: _____

Position Held: 2. _____ Salary \$ _____ Dates: _____
Duties/Responsibilities: _____

Reason for Leaving: _____

Company Name:

Position Held: 1. _____ Salary \$: _____ Dates: _____
Duties/Responsibilities: _____

Reason for Leaving: _____

Position Held: 2. _____ Salary \$ _____ Dates: _____
Duties/Responsibilities: _____

Reason for Leaving: _____

Company Name:

Position Held: 1. _____ Salary \$: _____ Dates: _____
Duties/Responsibilities: _____

Reason for Leaving: _____

Position Held: 2 _____ Salary \$ _____ Dates: _____
Duties/Responsibilities: _____

Reason for Leaving: _____

Company Name:

Position Held: 1. _____ Salary \$: _____ Dates: _____
Duties/Responsibilities: _____

Reason for Leaving: _____

Position Held: 2. _____ Salary \$ _____ Dates: _____
Duties/Responsibilities: _____

Reason for Leaving: _____

PERSONAL REFERENCES

Please list at least 3 personal references that we may contact.

Name: **Title:**
Relationship to Applicant:
Address:
City, State, Zip:
Home Phone:
Work Phone:
Cell Phone or pager (if applicable):
Comments:

Name: **Title:**
Relationship to Applicant:
Address:
City, State, Zip:
Home Phone:
Work Phone:
Cell Phone or pager (if applicable):
Comments:

Name: **Title:**
Relationship to Applicant:
Address:
City, State, Zip:
Home Phone:
Work Phone:
Cell Phone or pager (if applicable):
Comments: