



225 Park St., Montrose, PA 18801  
 Phone: 570-278-3836 ■ Fax: 570-278-1545 ■ www.meadowviewsenior.com

Confidential Employment Application

Referred by \_\_\_\_\_

**APPLICANT INFORMATION**

Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			
Date Available		Social Security No.		Desired Salary	
Are you 18 years of Age or Older?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you currently employed?	
				YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	
				YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Have you ever been convicted of a crime?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please explain	

**EDUCATION**

High School		Address	
Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
		Degree	
College		Address	
Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
		Degree	
Other		Address	
Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
		Degree	

**REFERENCES**

*Please list three professional references.*

Full Name		Relationship
Company		Phone (     )
Address		
Full Name		Relationship
Company		Phone (     )
Address		
Full Name		Relationship
Company		Phone (     )

Address

**PREVIOUS EMPLOYMENT**

Company

Phone ( )

Address

Supervisor

Job Title

Starting Salary \$

Ending Salary \$

Responsibilities

From To

Reason for Leaving

May we contact your previous supervisor for a reference? YES  NO

Company

Phone ( )

Address

Supervisor

Job Title

Starting Salary \$

Ending Salary \$

Responsibilities

From To

Reason for Leaving

May we contact your previous supervisor for a reference? YES  NO

Company

Phone ( )

Address

Supervisor

Job Title

Starting Salary \$

Ending Salary \$

Responsibilities

From To

Reason for Leaving

May we contact your previous supervisor for a reference? YES  NO

**MILITARY SERVICE**

Branch

From To

Rank at Discharge

Type of Discharge

If other than honorable, explain

Extracurricular Activities While in School \_\_\_\_\_

Member of Professional Organizations \_\_\_\_\_

Additional Qualifications You Feel Are Related to the Position Applied For \_\_\_\_\_

Professional Licenses and/or Certifications

Type \_\_\_\_\_ State Issued \_\_\_\_\_ Date Issued \_\_\_\_\_ # \_\_\_\_\_

It is the policy of Meadow View Healthcare and Rehabilitation Center to obtain Criminal Record Checks on all employees through the PA State Police. Also, per Dept. of Health regulations, Meadow View Healthcare and Rehabilitation is required to also complete a background check with the FBI if the individual has not lived in PA for a continuous two (2) years previous to the date of hire.

In order to perform the background check, the following information is required:

State of Residency \_\_\_\_\_ How Many Years?

If a resident of PA less two (2) years, name of previous state? \_\_\_\_\_

**DISCLAIMER AND SIGNATURE**

This institution does not discriminate in hiring or any other decision on the basis of race, religion, color, sex, citizenship, national origin, ancestry, genetic background or on the basis of age or physical or mental disability. No question on this application is intended to secure information to be used for such discrimination.

I voluntarily give this institution the right to make a thorough investigation of my past employment, background history and activities, agree to cooperate in such investigation and release from all liability and responsibility all persons, companies, or corporations supplying such information. I consent to take the physical examination, and such future examinations as may be required by this institution at such times and places as the institution shall designate. I understand that an offer of employment may be contingent on passing the physical examination which relates to the essential duties I would be required to perform.

I understand that unless otherwise expressly stated in writing by the President of this Company, employment is at will, which means that either party is free to terminate the employment relationship at any time without cause. I also understand that my employment may be terminated for any misstatement or omission of fact appearing on this application form.

If employed, I will be required to complete an Employment Verification Form (I-9) and within 3 days shows satisfactory evidence of identity and eligibility for employment.

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

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date