

CUMBERNAULD VILLAGE APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non- job related medical condition or handicap, or any other legally protected status.

PLEASE PRINT – MUST BE LEGIBLE

DATE OF APPLICATION: _____

Position(s) applied for: _____

Name: _____

Phone/Cell # _____

Mailing Address: _____

Email _____

City: _____ State: _____ Zip Code: _____

If you are under 18 years of age, can you provide proof of your eligibility to work? YES___ NO___
Are you currently employed? YES___ NO___ May we contact your present employer? YES___ NO___
Are you on "layoff" status and subject to recall? YES___ NO___
Can you travel on the job if required? YES___ NO___ Current Driver's License? YES___ NO___
Are you prevented from lawfully becoming employed in this country due to visa/Immigration status?
YES___ NO___

[PROOF OF CITIZENSHIP OR IMMIGRATION STATUS WILL BE REQUIRED UPON EMPLOYMENT]

Date available to start orientation: _____

What are you available to work? **(Circle all that apply)** Fulltime Parttime Every other Weekend
Weekends only Partial shifts (less that 8 hrs per day)

Current Shift: _____ **SHIFT PREFERENCES: (CIRCLE ALL THAT APPLY)**
DAYS EVENINGS NIGHTS PARTIAL SHIFTS

Have you been convicted of a felony within the last 7 years? YES___ NO___
(Conviction will not necessarily disqualify an applicant from employment. If yes, please explain:

.....
EDUCATION:

High School _____ Years Completed _____

College: _____ Years Completed _____

List any Specialized Training (RN, LPN, CNA, CMA, CPR, Activities, Social Services, Dietary, Housekeeping, etc)

REFERENCES: Name, address, phone and email of 3 references not related you:

1. _____

2. _____

3. _____

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Are you physically and otherwise able to perform the duties of the job for which you are applying?

Yes _____ No _____ List any concerns: _____

Are you willing to submit to a Drug Screening if requested? Yes _____ No _____

EMPLOYMENT EXPERIENCE:

START WITH YOUR PRESENT OR LAST JOB. INCLUDE ANY JOB-RELATED MILITARY ASSIGNMENTS AND VOLUNTEER ACTIVITIES:

EMPLOYER _____ Dates: From _____ to _____

ADDRESS: _____ CITY _____ STATE _____

TELEPHONE _____ SUPERVISOR/CONTACT NAME _____

HOURLY PAYRATE/SALARY: _____ JOB TITLE _____

REASON FOR LEAVING _____

EMPLOYER _____ Dates: From _____ to _____

ADDRESS: _____ CITY _____ STATE _____

TELEPHONE _____ SUPERVISOR/CONTACT NAME _____

HOURLY PAYRATE/SALARY: _____ JOB TITLE _____

REASON FOR LEAVING _____

EMPLOYER _____ Dates: From _____ to _____

ADDRESS: _____ CITY _____ STATE _____

TELEPHONE _____ SUPERVISOR/CONTACT NAME _____

HOURLY PAYRATE/SALARY: _____ JOB TITLE _____

REASON FOR LEAVING _____

APPLICANTS STATEMENT:

- I Certify that answers given are true and complete to the best of my knowledge.
- I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment opportunity decision.
- This application for employment shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered beyond this time should contact the business office at 620-221-4141 for an application update.
- The applicant understands that neither this document or any offer of employment from Cumbernauld will constitute an employment contract unless a specific document to that effect is executed between Cumbernauld and the employee in writing.
- In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge, I also understand that I am required to abide by all rules and regulations of the employer and State and Federal Regulations associated with Health Care Facilities.

DATE _____ SIGNATURE OF APPLICANT: _____

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