



**APPLICATION FOR EMPLOYMENT**

- It is Hartsfield Village’s policy to provide equal employment opportunity in accordance with all applicable laws.
- Applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Name: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Present Address: \_\_\_\_\_  
Street City/State/Zip

Home Telephone: (    ) \_\_\_\_\_ Mobile/Beeper/Other Phone #: (    ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Position Applied for: \_\_\_\_\_ Date Available: \_\_\_\_\_ Salary Expected: \_\_\_\_\_

If you are a C.N.A., Q.M.A., L.P.N. or R.N., are you Certified or Licensed in the State of Indiana? Yes \_\_\_\_ No \_\_\_\_

If not, what State? \_\_\_\_\_

<b>Shift Preference:</b>	<b>Type of employment desired:</b>	<b>Work Preference:</b>
1 <sup>st</sup> _____	Full Time ____	___ Assisted Living    ___ No Preference
2 <sup>nd</sup> _____	Part Time ____	___ Care Center
3 <sup>rd</sup> _____	Temp ____	___ Independent Living

<b>How were you referred to us?</b> <i>(Please be specific)</i>	___ Advertisement _____	___ Internet Source _____
	___ Employ. Agency _____	___ Job Fair _____
	___ Friend _____	___ Relative _____
	___ Walk-in _____	___ Other _____

Have you submitted an application here before? Yes \_\_\_\_ No \_\_\_\_ If yes, give date & position: \_\_\_\_\_

Have you ever been employed here before? Yes \_\_\_\_ No \_\_\_\_ If yes, give date & position: \_\_\_\_\_

Have you ever been employed at Community Healthcare System? (ex. Community Hospital, St. Mary’s, St. Catherine, Fitness Pointe, Community Surgery Center, Theatre at the Center, etc.) Yes \_\_\_\_ No \_\_\_\_ If yes, give name of company, dates & position

Are you legally eligible for employment in this country? Yes \_\_\_\_ No \_\_\_\_

If you are under 18 years of age and it is required, can you furnish a work permit? Yes \_\_\_\_ No \_\_\_\_

*Answering “yes” to the following question does not constitute an automatic bar to employment but will be considered only with respect to specific requirements of the job for which you are applying.*

Have you ever been convicted of a felony? Yes \_\_\_\_ No \_\_\_\_ If yes, please provide date(s) and details:

## EMPLOYMENT HISTORY

Starting with your most recent employer, provide the following information. You may attach a resume or add a supplementary sheet if additional space is required.

Employer:	Position(s) Held:	Start Date:	Starting Salary \$
Address:		End Date:	Ending Salary \$
Phone Number:		Reason for Leaving:	
Supervisor:	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Summarize work performed:			

Employer:	Position(s) Held:	Start Date:	Starting Salary \$
Address:		End Date:	Ending Salary \$
Phone Number:		Reason for Leaving:	
Supervisor:	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Summarize work performed:			

Employer:	Position(s) Held:	Start Date:	Starting Salary \$
Address:		End Date:	Ending Salary \$
Phone Number:		Reason for Leaving:	
Supervisor:	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Summarize work performed:			

Employer:	Position(s) Held:	Start Date:	Starting Salary \$
Address:		End Date:	Ending Salary \$
Phone Number:		Reason for Leaving:	
Supervisor:	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Summarize work performed:			

**EMPLOYMENT HISTORY (continued)**

Explain any gaps in employment, other than those due to personal illness, injury or disability:

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If not addressed on the previous page, have you ever been fired or asked to resign from a job? Yes \_\_\_\_ No \_\_\_\_

If yes, please explain: \_\_\_\_\_

**JOB SKILLS and QUALIFICATIONS**

Briefly summarize any special training, skills, machines operated, licenses and/or certificates that may assist you in performing the position for which you are applying.

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List special accomplishments, honors, awards or publications, etc. (Exclude information that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.)

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**EDUCATION**

LEVEL OF EDUCATION	NAME OF SCHOOL (include City & State)	YEARS COMPLETED	COMPLETED	MAJOR/MINOR
High School			<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree <input type="checkbox"/> Certification	
College			<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree <input type="checkbox"/> Certification	
Graduate/ Professional			<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree <input type="checkbox"/> Certification	
Other			<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree <input type="checkbox"/> Certification	

**BUSINESS / PROFESSIONAL REFERENCES**

List name and telephone number of four business/work references. Do not include individuals who are related to you. If unable to provide business references, list four school or personal references who are not related to you.

NAME	PHONE NUMBER	OCCUPATION	YEARS KNOWN	RELATIONSHIP TO YOU

**APPLICANT STATEMENT**

I certify that the information I have provided on this application is true, complete and correct.

I authorize, without reservation, Hartsfield Village, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons corporations or organizations for furnishing such information about me.

**I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to eliminate me from further consideration for employment, or may result in my immediate discharge from the service of Hartsfield Village, whenever it is discovered.**

I understand that Hartsfield Village does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from Hartsfield Village and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and Hartsfield Village reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of Hartsfield Village other than the Executive Director or President of the Board has the authority to enter into any agreement with me for employment for any specified period of time or to make any agreement contrary to the foregoing.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I also understand that I am to abide by all policies and procedures of Hartsfield Village.  
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**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT.**

*I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_