

APPLICANT'S STATEMENT

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

I understand that all statements made are subject to verification. I give permission to Moravian Hall Square to make any investigation of my personal employment history and authorize any former employer or personal reference to give any information they may have regarding me without liability.

In the event of employment, I understand that false or misleading information given in my application, interview, or during the hiring process, may result in my discharge. I understand, also, that I am required to abide by all rules and regulations of Moravian Hall Square.

I understand that a statutory pre-requisite for employment at Moravian Hall Square is the satisfactory completion of a post-offer employment physical, test for tuberculosis, and a post-offer criminal history background check. I also understand that the employer has a substance abuse policy that may require post-offer, random, upon suspicion, and post accident testing.

I have had no history of, or conviction for, violent crime and was never dismissed from employment due to abuse of residents of a nursing or personal care facility.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized representative of this organization.

This application for employment shall be considered active for a period of time not to exceed one year. Any applicant wishing to be considered for employment beyond this time period should complete a new application.

Signature of Applicant

Date

MISSION STATEMENT

MORAVIAN HALL SQUARE honors the unique value of older adults by providing lifestyle choices, supportive services and security to enrich the journey of aging.



MORAVIAN HALL SQUARE Application for Employment

Moravian Hall Square, Inc. is an equal opportunity employer, dedicated to a policy of non-discriminatory employment, without regard to race, color, religion, gender, national origin, age, disability, marital, or veteran status, or any other legally protected status.

Personal Information

Date _____ Home Phone No. _____ Cell Phone No. _____

Name _____
Last First Middle

Address _____
Street City State Zip

If you have not resided at your current address for at least two years, please list all other residential addresses in the last two years.

Address _____
Street City State Zip

Address _____
Street City State Zip

Are you under 17? _____

If employed and you are under 18, can you provide required proof of your eligibility to work? yes no

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (Proof of citizenship or immigration status will be required upon employment.) yes no

Veteran of the U.S. Military service? yes no If yes, Branch _____

Referral Source: Advertisement Friend Relative Walk-In
 Employment Agency Other _____

Employment Desired and History

Position _____ Shift Preferred (Nursing Dept. only) 7-3 ___ 3-11 ___ 11-7 ___ Date you can start _____

Would you accept full time hours? yes no Would you accept part time hours? yes no

Are you employed now? _____ If so, may we contact your present employer? _____

Ever applied to or worked at Moravian Hall Square before? _____ If so, when? _____

State Name and Department of any relatives, including spouse, already employed by Moravian Hall Square.

Name	Relationship	Dept.
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Have you been convicted of any type of a crime? yes no

(Conviction will not necessarily disqualify applicant from employment).

If yes, please explain _____

In compliance with the Older Adults' Protective Services Act, Moravian Hall Square requires all applicants to complete and sign the attached criminal history survey in order to be eligible for employment.

Education

Name and Location of School	Course of Study	Years Completed	Diploma Degree
High School			
College / Technical School			
Graduate School			
Other			

Attending any classes presently? yes no If yes, please explain details: _____
 _____ Days/Hours _____

Special Skills and Qualifications

Nursing Registration or Certification Number (if applicable) _____

Summarize special skills and qualifications acquired from employment, military service or volunteer experience.

Employment Experience and References

Please list all information requested below for a minimum of your last three employers, **starting with the most recent position first**. Include any military service assignments, if applicable.

1. Employer	Dates Employed		Work Performed
	From	To	
Address	(Zip)		
Telephone Number(s)	Hourly Rate/Salary		
Job Title	Supervisor	Starting	Final
Reason for Leaving			

2. Employer	Dates Employed		Work Performed
	From	To	
Address	(Zip)		
Telephone Number(s)	Hourly Rate/Salary		
Job Title	Supervisor	Starting	Final
Reason for Leaving			

3. Employer	Dates Employed		Work Performed
	From	To	
Address	(Zip)		
Telephone Number(s)	Hourly Rate/Salary		
Job Title	Supervisor	Starting	Final
Reason for Leaving			

4. Employer	Dates Employed		Work Performed
	From	To	
Address	(Zip)		
Telephone Number(s)	Hourly Rate/Salary		
Job Title	Supervisor	Starting	Final
Reason for Leaving			

5. Employer	Dates Employed		Work Performed
	From	To	
Address	(Zip)		
Telephone Number(s)	Hourly Rate/Salary		
Job Title	Supervisor	Starting	Final
Reason for Leaving			

Personal References*

*If you have never been employed, provide the names of three persons, **not related to you**, who have known you for at least one year.

Name	Complete Address	Telephone No.
1.	(Zip)	Business: Home:
2.	(Zip)	Business: Home:
3.	(Zip)	Business: Home: