The View Com	nunities					
ASSISTED LIVING & "WHERE HOPE BECOM						
WHERE HOPE DECON			En	nployn	ient A	pplication
Circle Position Applying For:	Resident Assistant	LPN	RN	Housekee	per S	erver Cook
	Activity Personnel	Concie	erge Sa	ales Ex	xecutive N	lanagement
	Maintenance Busin	ness O	office/Acco	ounting		
Contact Information						
Please Print:						
Date:						
Name:						
Last	F	First		Middle		
Address:		City		State		Zip
Telephone: () -		5	ess.			
Are you 18 years of age or older?						
Month of Birth D Education Nan	ay of Birth		#Years C	Completed	Deg	ree/Diploma
High School						
C 11						
Technical or Other						
Employment Record						
Company Name and A		osition:	Date Start Left:	ad/	Rate of Pay:	Reason for Leaving:
1						
Contact Person:						
2						
Contact Person:						
3						
Contact Person:			Can we co	ntact them?	? 🗌 Yes	🗌 No



Employment Application

Have you ever been employed here before? Yes No If yes, when?
In order to check your past work record, have you ever worked under a different name during your employment
history? If so, please provide
U.S. Military Service
Branch of Service
From to
Discharge Status
Rank and Type of Service
Training/Experience Received
Reference List
Provide information requested on three business/work or school references who are not related to you. Include name/occupation/years known and current address/phone.
1
2
3.
5
Employment
Salary Desired
Number of hours per week Shift Desired Start Date
Indicate status desired: Full-time Part-time Temporary
How were you referred to our Organization?
Do you have any relatives who are currently employed by this Organization? 🗌 Yes 🔲 No
Please specify
Have you ever been convicted of a felony or a misdemeanor other than a traffic violation? 🗌 Yes 🗌 No
If yes, please explain conviction, nature of offense, date of offense and sentence imposed.
Please list any additional information that relates to your ability to perform the job for which you have applied,
such as licenses, professional memberships, hobbies etc.



Employment Application

Have you ever been excluded from participation as a provider in the Medicare or Medicaid Program? Yes No

If yes, provide dates of exclusion and reinstatement.

Were you ever registered on the General Service Administration's Excluded parties list? Yes No If yes, provide dates and details of circumstances.

Have you ever been denied a job or prevented from participation in bidding for contracts, or for acting as a vendor to any state or federal agency? Yes No If yes, provide dates and details of circumstances.

Have you ever, or are you currently involved in any form of disciplinary or investigative process before any state licensing body or any accrediting body? Yes No If yes, provide details

Are you now,	or have you	ever been liste	d on any state	e Child Abuse o	or Adult Abuse F	Registry?
Yes No)					

If yes, provide dates and details of circumstances.

Please list all names you have used in the past.

Have you ever had your name legally changed?

Yes No

If, yes provide your name prior to it being legally changed.