

# Application for Employment

Date \_\_\_\_\_



MEREDITH BAY COLONY CLUB'S policy prohibits discrimination on the basis of age, race, color, religion, sex, marital status, sexual orientation, service in the armed forces of the United States, national origin, citizenship, disability, or any other protected classification.

## NOTICE TO APPLICANTS AND EMPLOYEES

**Screening tests for illegal drug use may be required before hiring and during your employment here.**

PLEASE PRINT CLEARLY AND COMPLETE **ALL** INFORMATION REQUESTED.

### NAME AND ADDRESS

Name

LAST FIRST MIDDLE SOCIAL SECURITY NO.

Current Address

NUMBER STREET

CITY STATE ZIP CODE

Home Telephone

AREA CODE NUMBER Work (or Message) Telephone AREA CODE NUMBER

### POSITION DESIRED

What kind of position are you applying for?

FIRST CHOICE

SECOND CHOICE

THIRD CHOICE

What are the two (2) most important factors to you in choosing a job?

1. \_\_\_\_\_  
2. \_\_\_\_\_

Salary Expectations:

\$ \_\_\_\_\_

### WORK SCHEDULE

What type of employment do you want? (check one)

Full-time  Part-time  Temporary  Seasonal

When could you start employment?

Date \_\_\_\_\_

Shift Desired?

What is the minimum (fewest) number of hours you could consider acceptable?

Per Week \_\_\_\_\_ Per Day \_\_\_\_\_

Can you work a flexible schedule (Days scheduled & number of hours scheduled is different every week)  Yes  No

What days and times are you available to work (time—include a.m. or p.m.)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From To	From To	From To	From To	From To	From To	From To

### EMPLOYMENT STATUS

Are you currently employed?

Yes  No

If "YES," how many jobs do you currently hold? \_\_\_\_\_

Is your intent to continue in your current job(s) if you work for Meredith Bay  Yes  No

Are you currently a student? (or planning to go to school within the next 6 months?)

Yes  No

If "YES," what impact does this have on your availability for work? \_\_\_\_\_

Are you available to work... (check if "YES")

Holidays?  Weekends?

**EMPLOYMENT HISTORY**

In the past 5 years

How many different employers have you worked for? \_\_\_\_\_

Have you ever worked  
in a health care center before?

Yes  No

If "YES," where  
and

what position did you hold? \_\_\_\_\_

**EMPLOYMENT RECORD**

List most recent or present employer first. Include military service (not country of service), or any self-employed or un-employed periods. You must account for the past three (3) years or since completing school, whichever is more recent.

**PRESENT OR MOST RECENT EMPLOYER**

Company

Address

Telephone No.

Dates Employed

Last Position Held

Last Supervisor's Name

**Be Specific:** Why did you leave?

**Be Specific:** Liked **MOST** about the job?

**Be Specific:** Liked **LEAST** about the job?

From: \_\_\_\_\_ To: \_\_\_\_\_ Last Salary: \_\_\_\_\_

May we contact your present employer at this time?  Yes  No

**EMPLOYER**

Company

Address

Telephone No.

Dates Employed

Last Position Held

Last Supervisor's Name

**Be Specific:** Why did you leave?

**Be Specific:** Liked **MOST** about the job?

**Be Specific:** Liked **LEAST** about the job?

From: \_\_\_\_\_ To: \_\_\_\_\_ Last Salary: \_\_\_\_\_

**EMPLOYER**

Company

Address

Telephone No.

Dates Employed

Last Position Held

Last Supervisor's Name

**Be Specific:** Why did you leave?

**Be Specific:** Liked **MOST** about the job?

**Be Specific:** Liked **LEAST** about the job?

From: \_\_\_\_\_ To: \_\_\_\_\_ Last Salary: \_\_\_\_\_

**PERIODS OF UNEMPLOYMENT DURING THE PAST THREE (3) YEARS**

All Reasons Must  
Be Specific

From: \_\_\_\_\_ To: \_\_\_\_\_

Reason: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Reason: \_\_\_\_\_

**EDUCATION**

**IF YOU ATTENDED HIGH SCHOOL**

Name of High School \_\_\_\_\_

City \_\_\_\_\_

Circle last year completed 1 2 3 4

Graduated?  Yes  No

**IF YOU ATTENDED COLLEGE**

Last college attended \_\_\_\_\_

Circle last year completed 1 2 3 4

Graduated?  Yes  No

Major course of study \_\_\_\_\_

Degree (if applicable) \_\_\_\_\_

**EDUCATION AND TRAINING**

Do you have any other kind of education/training  Yes  No

If "YES," please describe: \_\_\_\_\_

**LICENSES**

Do you have any professional licenses  Yes  No

If "YES," what type and expiration date \_\_\_\_\_

**BUSINESS MACHINES**

Check the business machines you can operate (indicate speed where requested)

Typewriter - WPM \_\_\_\_\_

Word Processor - WPM \_\_\_\_\_

Calculator  Computer

Shorthand - WPM \_\_\_\_\_

Other? \_\_\_\_\_

**OTHER INFORMATION**

Have you ever been know by a different name?  Yes  No

If "YES," what was it? \_\_\_\_\_

Please explain \_\_\_\_\_

Have you been employed previously by MBCC?  Yes  No

If "YES," department? \_\_\_\_\_

Dotes of employment: \_\_\_\_\_

List any friends or relatives working for us Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Have you been convicted of a felony within the past five (5) years?  Yes  No

If "YES," explain \_\_\_\_\_

Have you been convicted of a misdemeanor within the past five (5) years?  Yes  No

Are you legally authorized to work in the United States?  Yes  No

Document Number (if applicable) \_\_\_\_\_

If hired, verification will be required consistent with Federal Law.

**PERSONAL REFERENCES**

Give the names of 2 persons Name \_\_\_\_\_ Name \_\_\_\_\_

Not relatives or former Current Address \_\_\_\_\_ Current Address \_\_\_\_\_

employers, who have known City/State/Zip \_\_\_\_\_ City/State/Zip \_\_\_\_\_

you for five (5) years or more Home Telephone No. \_\_\_\_\_ Home Telephone No. \_\_\_\_\_

Number of Years Known \_\_\_\_\_ Number of Years Known \_\_\_\_\_

**REFERRAL INFORMATION**

How were you referred to MBCC?  Newspaper  Walk-In  Employee Referral (Name) \_\_\_\_\_

Other (explain ) \_\_\_\_\_

**IN CASE OF EMERGENCY, NOTIFY:**

Name \_\_\_\_\_

Home Telephone No. \_\_\_\_\_

Current Address \_\_\_\_\_

Work (or Message) Telephone \_\_\_\_\_

**CONDITIONS OF EMPLOYMENT**

Meredith Bay Colony Club sets high standards for its associates. We require compliance with these standards as a condition of employment. You need to carefully consider what will be required before accepting a position with us. As an employee, you would be expected to comply in full. You need to know and understand what MBCC will require of you if you are hired.

**Customer Service:**

- Totally believe in and support our customer first approach to business.
- Be friendly to our customers.
- Do everything you can to make our customers feel welcome in our facility, including:
  - Smiling
  - Greeting the customer promptly
  - Being helpful
  - Using the customer's name
  - Saying "Thank you"

**Job Expectations**

- Work hours as scheduled—report to work on time
- Take direction from supervisors and execute directions to the best of your ability
- Maintain a positive, enthusiastic attitude at all times, and be a cooperative member of the Golden View team
- Perform job as described in Job Description

**Personal Appearance**

- Maintain a businesslike, professional appearance (dress and grooming)
- Wear your Golden View name badge at all times

**Would you be able to comply with all the requirements as listed?**     Yes     No  
**If "NO," or if you have concerns about being able to comply with any of these requirements, please explain:** \_\_\_\_\_

**EMPLOYEE RELEASE**

I understand and agree that any offer of employment will be contingent upon successful completion of a pre-employment physical examination, medical clearance and a negative drug screen establishing that I am capable of performing the essential functions of the job for which I have applied, with or without reasonable accommodation.

I certify that the statement I have made in this application are true, and I hereby grant Meredith Bay Colony Club permission to verify the accuracy and completeness of this information, contact all or any of my previous or current employers and references and

to investigate all educational records.

I understand and agree that if my application is accepted, my employment may be terminated by me or Meredith Bay Colony Club at any time, with or without cause. I further understand that, if accepted, my employment is for no definite period and may be terminated without notice. I understand that any representation made by Meredith Bay Colony Club in connection with my application for employment must be made by an authorized officer of Meredith Bay Colony Club and in writing.

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

**LANGUAGE TO COVER MANDATES OF OBRA '87 AS IT PERTAINS TO PATIENT ABUSE INFORMATION**

Have you ever been convicted and/or found guilty by a court of competent jurisdiction or a state agency of abusing, neglecting or mistreating residents or of misappropriating resident property in this state or in any other state? If so, please describe the offense, the date and place of convicting and the underlying circumstances or other information to help us evaluate your current fitness for employment.     Yes     No

\_\_\_\_\_

Within the past five years, have you been convicted of: (1) a felony; (2) cruelty to persons; or (3) assault of a victim sixty years of age or older? If "YES," please describe the offense, the date of conviction and the underlying circumstances or other information to help us evaluate your fitness for employment.     Yes     No

\_\_\_\_\_

Have you ever been subject to disciplinary action by a health care licensing agency in this or any other state, or in any other United States or foreign jurisdiction? If "YES," please identify the nature and date of the action, the licensing agency involved, and the underlying circumstances or other information to help us evaluate your current fitness for employment.     Yes     No

\_\_\_\_\_

I hereby certify that I have not been convicted and/or been found guilty of resident abuse, neglect, mistreatment, or of misappropriation of resident property in this state or any other states, and that I am not listed in any resident or patient abuse registry in this state or in any other state. I understand that any offer of employment that is extended to me by Meredith Bay Colony Club is conditional upon the verification of this information with the state patient abuse registry, and that a listing in such registry or the registry of any other state or perpetration of an act that would result in a listing in the abuse registry may act as an automatic withdrawal of such offer of employment by Meredith Bay Colony Club.

I further understand that any offer of employment by Meredith Bay Colony Club is conditional upon verification of state certification as needed. In the event that I have not yet been so certified and in the event that I am offered employment with Meredith Bay Colony Club, I agree to undertake the required training and competency certification requirements immediately upon commencing employment.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_