

the Pines

AT CLARKS SUMMIT

SENIOR LIVING

**1300 Morgan Highway
Clarks Summit, PA 18411
570-587-7709**

Employment Application

EQUAL OPPORTUNITY EMPLOYER.

All applicants for positions with The Pines at Clarks Summit are considered without regard to race, color, age, sex, religion, national origin, sexual orientation, status as a qualified individual with a disability, marital or veteran status, or any other classification protected by applicable federal, state or local law.

It is of the utmost importance that all information given on this application be accurate. It is our policy to verify information regarding an applicant's background, including but not limited to such items as dates of employment, salary progressions, and reasons for leaving present and/or previous employment.

Please Print or Type All Information.

General

Name: Last First Middle Initial

Present Address: Street City State Zip

Home Telephone Number: Cellular Telephone Number:

I am a U.S. Citizen or National of the U.S., an alien lawfully working for permanent residence, or an alien authorized to work in the U.S. Yes No

Note: Upon request, prior to commencement of employment, you must provide document that establish your identity and authorization to work in the United States.

Are you under the age of 18? Yes No

(If your answer is yes, you must supply working papers if hired)

Position

Type of employment desired: Full-time Part-time Temporary Summer

Position Applied For: Date Available: Salary Requirement:

Have you ever applied or interviewed for a position with The Pines? Yes No

If yes: Date Position

Have you ever been employed by The Pines? Yes No

If yes; Date: Position:

Reason for Leaving:

Referred by:

Background

Have you ever been convicted of, pleaded guilty or "no contest" (nolo contendere) to: Any felony? Yes No

If you answered "yes" to any of the above questions, please explain (use additional paper if necessary).

Note: Disclosure of convictions does not automatically disqualify you from employment consideration.

If the position requires driving, do you have a valid driver's license? Yes No

Employment History

Current Employer:

Address:

Street

City

State

Zip

Employed from:

Month/year

to

Month/year

Job Title:

Starting Salary:

Current Salary:

Other Compensation:

Major Duties:

Why are you looking to change jobs?

Supervisor's Name and Telephone Number:

Area Code

May we contact your employer? Yes No

If no, please explain why:

Prior Employer:

Address:

Street

City

State

Zip

Employed from:

Month/year

to

Month/year

Job Title

Starting Salary:

Final Salary:

Other Compensation:

Major Duties:

Reason for leaving:

Supervisor's Name and Telephone Number:

Area Code

Phone Number

May we contact? Yes No

If no, please explain why:

Prior Employer:

Address:

Street

City

State

Zip

Employed from:

Month/year

to

Month/year

Job Title:

Starting Salary:

Final Salary:

Other Compensation:

Major Duties:

Reason for leaving:

Supervisor's Name and Telephone Number:

Area Code

Phone Number

May we contact? Yes No

If no, please explain why:

Prior Employer:

Address:

Street

City

State

Zip

Employed from:

Month/year

to

Month/year

Job Title

Starting Salary:

Final Salary:

Other Compensation

Major Duties:

Reason for leaving:

Supervisor's Name and Telephone Number:

Area Code Phone Number

May we contact? Yes No If no, please explain why:

Prior Employer:

Address:

Street

City

State

Zip

Employed from:

Month/year

to

Month/year

Job Title

Starting Salary:

Final Salary:

Other Compensation:

Major Duties:

Reason for leaving:

Supervisor's Name and Telephone Number:

Area Code Phone Number

May we contact? Yes No If no, please explain why:

Professional References

Name	Relationship	Company	Telephone Number

Education

Name	City, State	Course/Degree	Number of Years Completed
High School			
Business or Vocational School			
College			
Graduate or Other School			

Skills Summary

Describe any other experience, skills or qualifications that you feel would help you perform the job for which you are applying.

Professional Memberships

List any professional, trade, business or civic organizations you belong to that deal with the position for which you are applying. Please explain your participation and list offices held. (Omit any organization which reflects your race, color, religion, age, sex, sexual orientation, marital status or disabilities.)

Applicant Statement

Please Read Carefully

I hereby certify that all of the information provided by me in this application (or any other details or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by The Pines at Clarks Summit that such employment with The Pines at Clarks Summit is at-will, for no specified duration and may be terminated by The Pines at Clarks Summit at any time, with or without cause. I understand that none of the documents, policies, procedures, actions, statements of The Pines at Clarks Summit or their representatives used during the employment process is deemed a contract of employment real or implied. I understand that no representative of The Pines at Clarks Summit has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the Administrator of the Pines at Clarks Summit.

In consideration for employment with The Pines at Clarks Summit, if employed, I agree to conform to the rules, regulations, policies and procedures of The Pines at Clarks Summit at all times and understand that such obedience is a condition of employment.

I understand that if offered a position with The Pines at Clarks Summit, I may be required to submit to a pre-employment medical examination, drug screening, background check, and/or credit check as a condition of employment. I understand those unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I hereby authorize any and all schools, former employers, references, courts, and any others who have information about me to provide such information to The Pines at Clarks Summit and/or any of their representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

I understand that this application is considered current for six months. If I wish to be considered for employment after six months from completion of this application, I will need to complete a new application.

By signing below I acknowledge that I have read, understand and agree to the above statements.

Signature of Applicant: _____ Date: _____