

## Employment Application

### Personal Information

Name (First, MI, Last)		Today's Date	
Street Address		Apartment / Unit Number	
City		State	Zip Code
Home Phone	Cell Phone	Email Address	
If under 18 years of age, please state your age:			(Minors must obtain required State work / age certificates)

### Work Authorization & Eligibility

Do you have legal permission to work in the United States?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you previously worked for The Village?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Dates worked:	From	To	Supervisor's Name
		Position Held	
Have any of your relatives worked for The Village?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide:	Employee Name	Relationship	

### Position & Availability

What position are you applying for?			
I want to work:	<input type="checkbox"/> Full Time	<input type="checkbox"/> Per Diem	<input type="checkbox"/> 1 <sup>st</sup> Shift <input type="checkbox"/> 2 <sup>nd</sup> Shift <input type="checkbox"/> 3 <sup>rd</sup> Shift
	<input type="checkbox"/> Part Time	Hours / Week: _____	Preferred Shift: _____
I can work:	<input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday		

### How Did You Hear About The Village?

Advertisement	Employee of The Village	Resident of The Village	Other
<input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Internet	Employee Name	Resident Name	

### Education Information

Education Level	School Name	Course of Study	Did you Graduate?
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No

College			<input type="checkbox"/> Yes <input type="checkbox"/> No
Other			<input type="checkbox"/> Yes <input type="checkbox"/> No

## Employment Information

List most recent employment first, including any U.S. Military service. May include any verified work performed on a voluntary basis.

Name of Employer		Employer Phone Number	
Position Held	From		To
	Month	Year	Month Year
<b>Do we have permission to contact this employer?</b>	<b>YES</b>		<b>NO</b>

Name of Employer		Employer Phone Number	
Position Held	From		To
	Month	Year	Month Year
<b>Do we have permission to contact this employer?</b>	<b>YES</b>		<b>NO</b>

Name of Employer		Employer Phone Number	
Position Held	From		To
	Month	Year	Month Year
<b>Do we have permission to contact this employer?</b>	<b>YES</b>		<b>NO</b>

## Reference Information

Please provide the names of three individuals not related to you who we may contact for work references. The Village reserves the right to contact other individuals for references as well.

Name	Address	Phone Number	Association	Years Known

Have you ever been counseled or disciplined for being late or absent from work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Explanation	
Have you ever been terminated for cause or asked to resign by any previous employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Explanation	

## Permission to Use Information and At Will Disclosure

I hereby authorize The Village to request and use any and all information received regarding my employment, education, and / or any other information which may be pertinent to my suitability for employment. I also understand that The Village may procure, or have prepared by third parties, investigative consumer reports, and / or other investigative reports to verify information which I provided, and / or other information which may be pertinent to my eventual employment. **This waiver does not permit the release or use of disability-related or medication information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant Federal and State laws.**

I release from all liability and responsibility those organizations or parties supplying information to The Village, including all individuals connected therewith.

**EMPLOYMENT AT WILL:** Employees of The Village are at-will employees, and employment may be terminated at any time with or without notice, and for any or no reason, by the Company. No representative of the Company has the authority to enter into any agreement for employment for any specific time or to make any agreement contrary to established Company policies or practices, unless it is in writing and signed by the President of the Company.

My signature denotes my understanding of the contents herein and that any misrepresentation or deliberate omission of facts may justify termination of this employment process, or, if employed, my immediate suspension and probably discharge. A copy of this authorization shall have the same authority as the original.

Printed Name	Signature	Today's Date

## Permission for Applicant Reference Check

I understand that The Village will contact two of the references or employers listed. I hereby authorize The Village to request such information, as necessary, and contact my previous employers listed to verify dates of employment and my qualifications for the position for which I have applied. I hereby release The Village at Waterman Lake its management and employees from any and all liability regarding these reference requests. I also authorize the references and employers listed to release this information to the company.

Printed Name	Signature	Today's Date



**ALL INFORMATION  
BELOW IS TO BE  
COMPLETED BY  
HIRING MANAGER**

### Reference One                      Date:

Applicant's Name:		Position Applying For:	
Previous Employer:		Telephone/Fax:	
Person Giving Reference:		Title:	Supervisor's Name/Title:
Verify Dates of Employment:		Position:	
Comments:			

### Reference Two                      Date:

Applicant's Name:		Position Applying For:	
Previous Employer:		Telephone/Fax:	
Person Giving Reference:		Title:	Supervisor's Name/Title:
Verify Dates of Employment:		Position:	
Comments:			

## Interview Data

Applicant Name			Today's Date	
Position Desired			Position Alternate	
Relevant Experience/Number of Years			Date Available for Work	
Personal Appearance				
Personality Character				
Other Interview Comments				
Does Applicant Feel Capable of Meeting Performance Standards and Expectations?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does Applicant Understand They May Be Required to Float?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Will Hire		Reason		
<input type="checkbox"/> Yes <input type="checkbox"/> No				
Interviewed By				
<b>TO BE COMPLETED BY HIRING MANAGER</b>				
Department		Position		Division / Department Numbers
Hours / Week	Shift	Pay Rate	Experience Level	FLSA
				<input type="checkbox"/> Hourly <input type="checkbox"/> Salary
General Orientation Date			Start Date	

## Required Information for Criminal Background Check

Hiring Manager is to complete ALL fields once the decision to hire has been made.

Please DO NOT give to applicant to fill out.

Please Print Legibly

Job Title				Orientation Date/Time		
Last Name		First Name		Middle Initial	Suffix	
					<input type="checkbox"/> Jr. <input type="checkbox"/> Sr. <input type="checkbox"/> III <input type="checkbox"/> IV	
Street Address			Apt #	City		State   Zip Code
Date of Birth	Place of Birth	Social Security Number		Driver's License Number	Driver's License State	
Country of Citizenship	Home Phone	Cell Phone		Email Address		
Gender	Race		Eye Color		Hair Color	Height / Weight
<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Unknown	<input type="checkbox"/> Asian / Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> White (including Latino)		<input type="checkbox"/> Black <input type="checkbox"/> Blue <input type="checkbox"/> Brown <input type="checkbox"/> Green <input type="checkbox"/> Gray <input type="checkbox"/> Hazel <input type="checkbox"/> Maroon <input type="checkbox"/> Multicolored <input type="checkbox"/> Pink		<input type="checkbox"/> Bald <input type="checkbox"/> Black <input type="checkbox"/> Blonde <input type="checkbox"/> Blue <input type="checkbox"/> Brown <input type="checkbox"/> Green <input type="checkbox"/> Gray <input type="checkbox"/> Orange <input type="checkbox"/> Purple <input type="checkbox"/> Pink <input type="checkbox"/> Red <input type="checkbox"/> Sandy <input type="checkbox"/> White	_____ ' _____ " Tall
						_____ Lbs.
						<i>May be obtained from Driver's License or State issued ID Card if you are uncomfortable asking the applicant.</i>

## General Orientation Information (To Be Given to Employee)

Welcome to The Village at Waterman Lake. We are delighted to have you join our team! You are scheduled to attend the General Orientation for new employees on:

Date: \_\_\_\_\_ at Time: \_\_\_\_\_ in the Courtyard/Atrium building. Casual attire is appropriate. If you cannot make the scheduled time, please call your hiring manager to reschedule.

**ORIGINAL copies of the following documents must be brought to orientation. Those attending orientation without the required documents will not be allowed to work until the documents have been provided.**

**OPTION A:** Bring **ONE** of the following documents:

1. United States Passport
2. Certificate of United States Citizenship
3. Certificate of Naturalization
4. Alien Registration Card with Photo

**OPTION B:** Choose **ONE** item from **BOTH lists A and B** below:

### LIST A

1. State issued driver's license or state issued ID card with photograph, or information with name, sex, date of birth, height, weight, and eye color.
2. U.S. Military Card

### LIST B

1. Original Social Security Card, other than card stating it is not valid for employment.
2. Birth Certificate issued by State, Country, or Municipal Authority bearing a seal or other certification
3. Unexpired INS Employment Authorization

### Required Health Documents

1. Proof of immunization or immunity to Measles, Mumps, Rubella, and Varicella
2. Proof of a Tdap vaccination
3. Proof of a negative 2-step PPD within the last 12 months OR results of a negative chest x-ray for individuals who have a history or a positive Tuberculin Skin Test
4. Proof of flu vaccine for the current season, if applicable

### Professional Licensure and Certification

1. Employees licensed by the State of RI must bring a copy of their professional license (RN, CMT, CNA, Certified Food Safety Managers)
2. CPR Certification Card, if applicable