

Last Name	First Name	I.	Position	Date
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**APPLICATION FOR EMPLOYMENT**



An Equal Opportunity Employer  
Drug Free Workplace



**A “Tobacco-Free Environment” effective July 2008**

# LAKEVIEW VILLAGE APPLICATION FOR EMPLOYMENT

*It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, national origin, or other protected classifications.*

Position(s) applied for \_\_\_\_\_ Date of Application \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone # \_\_\_\_\_ Mobile/Beeper/Other Phone # \_\_\_\_\_

If you would like to be contacted by e-mail, please list your e-mail address here \_\_\_\_\_

How did you hear about this position? \_\_\_\_\_

Are you at least 16?  Yes  No    Are you legally able to be employed in the U.S.?  Yes  No

Have you ever been employed by Lakeview Village before?  Yes  No

If yes, what dates and positions? \_\_\_\_\_

Have you previously applied for employment at Lakeview Village?  Yes  No

Have you ever been convicted of a felony, misdemeanor, traffic violation or other serious crime?\*  Yes  No

If yes, describe in full \_\_\_\_\_

(\*A conviction will not necessarily bar you from employment)

Have you ever been excluded from participation in Medicare, Medicaid or another federal health care program due to action taken by the Office of Inspector General (OIG)?  Yes  No

Type of employment desired     Full-Time                       Part-Time                       Temporary                       Seasonal/PRN

Days/Hours available to work \_\_\_\_\_

Date available for work \_\_\_\_/\_\_\_\_/\_\_\_\_    What is your desired salary? \_\_\_\_\_

## WORK HISTORY                      **\*\* Incomplete data on this application may forfeit our consideration for your employment.\*\***

**Please list all the positions you have held in the last 7 years.** Account for volunteer, part-time, military, summer positions, and periods of unemployment, etc. **It is critical that you provide complete information.** Start with your present or most recent position and work backwards. **Attach additional sheets if necessary.**

From (Month/Year)	To (Month/Year)	Employer	Telephone #
Starting Job Title/Final Job Title		Street Address	City                      State
Immediate Supervisor and Title		Position and Responsibilities	
Starting Wage	Wage upon leaving	Please circle one of the following: Currently Employed      Resigned with notice      Laid Off      Quit without notice      Terminated	

If currently employed, may we contact your employer? \_\_\_\_\_

**WORK HISTORY – CONTINUED**

From (Month/Year)	To (Month/Year)	Employer	Telephone #
Starting Job Title/Final Job Title	Street Address	City	State
Immediate Supervisor and Title	Position and Responsibilities		
Starting Wage	Wages upon Leaving	Please circle one of the following: Currently Employed      Resigned with notice      Laid Off      Quit without notice      Terminated	

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**SKILLS AND QUALIFICATIONS**

Please summarize any training, skills, licenses and/or certificates that may qualify you to perform job-related functions in the position for which you are applying. **Please include dates of any licenses and/or certificates.**

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**EDUCATIONAL BACKGROUND**

School (Include City and State)	Number of Years Completed	Level of Completion GED, Diploma, or Degree	Course of Study

**PERSONAL AND/OR PROFESSIONAL REFERENCES (Excluding Relatives)**

Name	How do you know the person	Telephone	Number of years known

*I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions, or misrepresentations may result in my dismissal. I authorize Lakeview Village to investigate any of the facts set forth in this application. I understand that Lakeview Village is an “At Will” employer, which means that either I or Lakeview can terminate our employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. I understand that only the Chief Executive Officer has the authority to alter the foregoing.*

*I further certify that I have never been excluded from participation in Medicare, Medicaid, or another federal health care program due to action taken by the Office of Inspector General (OIG).*

Applicant’s Signature \_\_\_\_\_ Date \_\_\_\_\_