



Apple Valley Christian
CARE CENTER

An Equal Opportunity Employer

Application for Employment

OUR MISSION

Apple Valley Christian Care Center helps seniors live with dignity while adapting to life changes by providing quality service in a caring, Christian way.

In view of Apple Valley Christian Care Center’s commitment to a distinctive Christian value system, believing in God the Father, Jesus Christ the Son of God and the Holy Spirit, prospective employees are required to act in harmony with Apple Valley Christian Care Center’s purpose and mission.

Basic Principles: The most distinctive feature of Apple Valley Christian Care Center is its serious commitment to providing quality services in concert with concern for spiritual matters. Apple Valley Christian Care Center affirms:

- **That God exists**
- **That He is revealed uniquely in Christ**
- **That the very nature of the work environment and providing care to our residents may not be exempt from the divine process.**
- **That the employee, with integrity, is the key to the success of the mission**
- **That truth, having nothing to fear from investigation, must be pursued relentlessly in every discipline**
- **That spiritual commitment demands the highest standards when interacting with other employees, residents, family members, or other organizations with which we do business.**

Employees: Employees of Apple Valley Christian Care Center must be persons of high professional, ethical and moral standards with behavior that reflects a lifestyle consistent with Christian values. They are also chosen because of their willingness to support the distinctive philosophy of the organization and to work within it. In the recruitment and selection of employees, their qualifications and respect for Apple Valley Christian Care Center’s mission and heritage is paramount.

If hired, explain how you would help Apple Valley Christian Care Center fulfill its purpose and mission.

All offers of employment are contingent upon each applicant providing original documents which certify his or her legal right to work in the United States and the completion of an employment eligibility verification (Form I-9), in a timely manner

This Application will be considered active for a maximum of sixty (60) days. If you wish to be considered for employment after that time, you must reapply.

PLEASE COMPLETE AND SIGN BELOW

Religious affiliation: _____

Name _____ Date: _____

AN EQUAL OPPORTUNITY EMPLOYER M/F/V/H

Veteran of the U.S. Military? Yes No If yes, what branch? _____

Indicate languages you speak, read, and /or write.

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

List professional, trade, business or civic activities and offices held. (You may exclude those which indicate race, color, religion, sex, nation origin, ancestry or age.)

Give name, address and telephone number and of three references that are **not** related to you and are **not** previous employers.

1. _____
2. _____
3. _____

Is there any reason that you can not perform the essential elements of the job applied for with reasonable accommodations? Yes No

If Yes, please explain:

Please indicate any reasonable accommodations necessary to permit you to perform the essential elements of the job applied for.

Acceptance as an employee may be contingent on passing a physical examination which may include drug screening.

Is there any reason that you cannot be at work and work your full shift whenever scheduled? Yes No Work Overtime? Yes No

If yes to any of the above, Please explain:

Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities. Include organizations which indicate race, color, religion, sex or national origin.

Employer	Telephone	Dates Employed		Work Performed
		From	To	
Address	City	State		
Title	Hourly Rate/Salary			
	Starting	Final		
Supervisor				
Reason for leaving				

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Supervisor				
Reason for leaving				

Special skills and qualifications

Summarize special skills and qualifications acquired from employment or other experience.

EDUCATION

School Name																	
Years completed	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma																	
Describe course study																	

Describe specialized training, apprenticeship, skills, and extra-curricular. State any additional information you feel may be helpful to us in considering your application.

Applicant's Certification

I certify that all the answers given and the information provided by me in this application are true and complete. I authorize Apple Valley Christian Care Center, to make such investigation and inquiries of my personal and employment history as it deems appropriate. I release any and all employers, schools and other persons from liability for responding to inquiries by Apple Valley Christian Care Center. I understand, agree and voluntarily consent to the following: (1) any false or misleading information given by me in this application or otherwise may result in denial of employment or in my discharge from employment at any time; (2) if employed, I am required to abide by all of Apple Valley Christian Care Center's rules, practices, procedures and regulations; (3) if I am under 18 years of age, I will provide proof of my age to Apple Valley Christian Care Center and will deliver to my parents any documents which Apple Valley Christian Care Center may provide to me for delivery to them; (4) any offer of employment made to me is contingent upon my, prior to starting work: (A) passing any medical examination, which may include a drug screening test, required by Apple Valley Christian Care Center pursuant to its policies, (B) presenting to Apple Valley Christian Care Center original documentation establishing for purposes of the Immigration Reform and Control Act of 1986 my identity and authorization to work in the United States, (C) presenting to Apple Valley Christian Care Center all work permits required by law and (D) reading and executing any documents required by Apple Valley Christian Care Center pursuant to its policies; (5) If employed, my employment is entirely at will, for no specified term, and may be terminated at any time, with or without cause, by me or by Apple Valley Christian Care Center; (6) if I am employed, Apple Valley Christian Care Center retains the unrestricted right to search and inspect any of its property at any time without notice; (7)I will return all of Apple Valleys' Christian Care Center's property immediately upon any termination of employment; and (8) neither this Certification nor any part of it can be modified in any manner except in a written document executed by Apple Valley Christian Care Center chief executive officer on a date later than the date of my signing this application as stated below.

Applicant's Signature: _____ **Date:** _____

FOR PERSONNEL DEPARTMENT USE ONLY

Facility Location _____ **Arrange Interviews** Yes No

Remarks _____

Interviewer: _____ **Date:** _____

Employed: Yes No **Employment** _____ **Salary** _____

Job Title _____ **Department** _____

By: _____

Name and Title

“Apple Valley Christian Care Center recruits, hires, upgrades, trains, transfers and promotes employees in all job classifications without regard to race, religion, sex, national origin, age, marital status, physical handicap or any other basis or classification which is prohibited under Federal and/or State law, except where age and/or are bona fide occupational disqualification’s, or where handicap is a bona fide occupations disqualification,.

Solely to help us comply with governmental record keeping, reporting and other legal requirements. Please fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a Confidential File separate from The Application for Employment.

(Please Print)

Date: _____

Position(s) Applied For: _____

Referral Source: Advertisement Friend Relative Walk-in
 Employment Agency Other _____

Name _____
Last First Middle

Address _____
Number Street City State Zip Code

Telephone _____ Social Security Number _____

Affirmative Action Survey

Governmental agencies require periodic reports on the sex, ethnicity, handicapped and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information is voluntary.

Check One:

Male Female

Check one of the following:

Race/Ethnic Group: White Black Hispanic Asian/Pacific Islander
 American Indian/Alaskan Native

Check if any of the following:

Vietnam Era Veteran Disabled Veteran Handicapped individual

PERSONNEL DEPARTMENT

REFERENCE REQUEST

Applicant please fill out and sign

Name of Organization

Address

City State Zip Code

Name used in employment: _____

Social Security number: ____/____/____

I herby authorize any individual, hospital, company or institution with whom I have been associated, to furnish Apple Valley Christian Care Center with any information concerning my employability which they have on record. I herby release any individual, hospital; company of institution and all individuals connected there with from all liability for any damage whatsoever incurred in furnishing such information.

Signature of applicant: _____ Date: _____

To be completed by former employer:

Employed from _____ to _____ Position held _____

Performance: Excellent: _____ Good: _____ Fair: _____

Reason for leaving: _____

Eligible for rehire: _____

Remarks:

NEW HIRE FORM

PERSONAL INFORMATION

First Name: _____ M.I. _____ Street: _____
Last Name: _____ City: _____ State: _____
Soc Sec # _____ M _____ F _____ Zip _____ County _____
Date of Birth _____ Home # () _____
Cell # () _____ Single: _____ Married _____

LICENSE/CERTIFICATION INFORMATION

License/Certification # _____
Expiration Date: _____

EMERGENCY CONTACT INFORMATION

Name: _____
Relationship: _____
Address: _____

Phone # _____

TAX INFORMATION

Number of Dependents: _____
Filing Status: Married _____ Single: _____

Supervisor or DSD to complete:

Is employee on a regular schedule? Y ___ N ___

What shift will employee work? _____

Start Date: _____

Employment status: Full time Part time On-Call

Job Title: _____

Is this a rehire? Yes ___ No ___