



Date _____

Please Print Clearly APPLICATION FOR EMPLOYMENT

Please Answer All Questions. Resumes Are Not A Substitute For A Completed Application.

We are an equal opportunity employer. Applicants are considered for positions without regard to race, religion, sex, national origin, age, disability, or any other consideration made unlawful by applicable federal, state, or local laws.

Position Applied For _____

Name _____ Telephone Number () _____

Alternate Phone Number _____ E-mail _____

Present Address (Street, Apt. or Unit No.) _____

City / State / Zip _____ Desired Salary _____

If under the age of 18, can you produce the necessary work certificate at the time of employment? Yes No

Type of employment desired? Full-time Part-time Temporary Fill-in

What shifts are you willing to work? Day Evening Night Weekdays Weekends

Have you ever worked at Ithacare? If yes, when? _____

Do you have relatives employed by Ithacare? Yes No If yes, please provide names _____

Please provide name of current Longview employee who referred you for this job. _____

How did you learn about employment possibilities with Ithacare? _____

Have you ever been convicted of a crime: Yes No

If yes, please explain so that individual circumstances can be considered.

Note

- *Criminal convictions will not automatically disqualify an applicant from a particular job. Longview an Ithacare community will consider the nature of the crime, its seriousness, whether the conviction(s) substantially relates to the position's functions and qualifications, the frequency of convictions, the applicant's age at the time of conviction, the time elapsed since the date of conviction or completion of jail sentence, the applicant's entire work and educational history, and employment references and recommendations.*

- *An ex-offender who is denied employment may, upon written request, receive a statement of the reason(s) for denial within 30 days of the applicant's request for such information.*

Have you ever initiated an act of violence in the workplace? Yes No

If Yes, Please explain so that individual circumstances can be considered. (A Yes answer will not necessarily disqualify you from employment.) _____

List special technical skills that you feel qualify you for the job for which you are applying (i.e., computer programming/language, software, equipment operation, special tools or machines, etc.): **(Also, if you are applying for a RN, LPN, CNA, HHA. etc., please list your License/Registration number, state acquired and expiration date below or attach a copy of the document.)**

Education	School Name and Location	Course of Study	Graduate?	# of Years Completed	Degree/Major
High School					
College					
College					
College					
Bus./Tech/Trade or Post College					

Honors Received _____

WORK EXPERIENCE

Start with your **present or last place of employment**. You may include any verifiable work performed on a volunteer basis, internships, or military service.

Employer

Name *Address* *Type of Business*

Phone (_____) _____ Dates Employed From _____/_____/_____ To _____/_____/_____

Job Title _____ Supervisor's Name _____

May we contact? Yes No

Wages Start _____ Final _____ Reason for Leaving _____

Duties _____

Employer

Name *Address* *Type of Business*

Phone (_____) _____ Dates Employed From _____/_____/_____ To _____/_____/_____

Job Title _____ Supervisor's Name _____

May we contact? Yes No

Wages Start _____ Final _____ Reason for Leaving _____

Duties _____

Employer

Name *Address* *Type of Business*

Phone (_____) _____ Dates Employed From _____/_____/_____ To _____/_____/_____

Job Title _____ Supervisor's Name _____

May we contact? Yes No

Wages Start _____ Final _____ Reason for Leaving _____

Duties _____

REFERENCES

Please list the names of additional work-related references we may call. Individuals with no prior work experience may list school or volunteer references.

NAME	POSITION	COMPANY	WORK RELATIONSHIP (i.e., supervisor, co-worker)	TELEPHONE #

APPLICANT CERTIFICATION

I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver's license and automobile liability insurance in an amount equal to the minimum required by the state where I reside.

I understand that Longview an Ithacare community may now have, or may establish, a drug-free workplace or drug and/or alcohol testing program consistent with applicable federal, state, and local law. If Longview an Ithacare community has such a program and I am offered a conditional offer of employment, I understand that if a pre-employment (post-offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state, and local law. I also understand that all employees of the location, pursuant to Longview an Ithacare community's policy and federal, state, and local law, may be subject to urinalysis and/or blood screening or other medically recognized tests designated to detect the presence of alcohol or controlled drugs. If employed, I understand that the taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with Longview an Ithacare community's policies and applicable federal, state, and local law.

If employed by Longview an Ithacare community, I understand and agree that Longview an Ithacare community, to the extent permitted by federal, state, and local law, may exercise its right, without prior warning or notice, to conduct investigations or property (including, but not limited to, files, lockers, desks, vehicles, and computers) and, in certain circumstances, my personal property.

I understand and agree that as a condition of employment and to the extent permitted by federal, state, and local law, I may be required to sign a confidentiality, non-compete, and/or conflict of interest statement.

I certify that all the information on this application, my resume, or any supporting documents is complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate dismissal.

I UNDERSTAND THAT NEITHER THIS APPLICATION NOR ANY COMMUNICATION BY A MANAGEMENT REPRESENTATIVE IS INTENDED TO CREATE OR DOES CREATE A CONTRACT OF EMPLOYMENT, OFFER, OR PROMISE OF EMPLOYMENT. I ACKNOWLEDGE THAT IF HIRED BY LONGVIEW AN ITHACARE COMMUNITY, EMPLOYMENT IS ON AN AT-WILL BASIS. THIS MEANS LONGVIEW AN ITHACARE COMMUNITY IS FREE TO TERMINATE MY EMPLOYMENT AT ANY TIME, WITH OR WITHOUT CAUSE OR ADVANCE NOTICE, IN ACCORDANCE WITH STATE LAW, AND ACCEPTANCE OF EMPLOYMENT IS NOT A CONTRACT OF EMPLOYMENT FOR ANY SPECIFIED TIME. SIMILARLY, I AM FREE TO TERMINATE MY EMPLOYMENT WITH LONGVIEW AN ITHACARE COMMUNITY AT ANY TIME FOR ANY REASON. THIS AT-WILL PROVISION MAY BE MODIFIED OR WAIVED ONLY IN A WRITTEN AGREEMENT SIGNED BY AN AUTHORIZED REPRESENTATIVE OF LONGVIEW AN ITHACARE COMMUNITY AND ME. I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF LONGVIEW AN ITHACARE COMMUNITY, AND I UNDERSTAND THAT LONGVIEW AN ITHACARE COMMUNITY HAS COMPLETE DISCRETION TO MODIFY SUCH RULES AND REGULATION AT ANY TIME, EXCEPT THAT IT WILL NOT MODIFY ITS POLICY OF EMPLOYMENT AT-WILL.

I authorize Longview an Ithacare community (Ithacare Center Service Company Inc. d/b/a Longview) or its agents to confirm all statements contained in this application and/or resume as it relates to the position I am seeking and to the extent permitted by federal, state, or local law. I agree to complete any requisite authorization forms for the background investigation.

I authorize and consent to, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. I hereby release, discharge and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to Longview an Ithacare community or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability Longview an Ithacare community and its representative for seeking such information and all other persons, corporations, or organizations furnishing such information.

If hired by Longview an Ithacare community, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States. I also understand Longview an Ithacare community employs only individuals who are legally eligible to work in the United States.

Applicant Signature _____ Date _____