



EMPLOYMENT HISTORY

Please provide the following information for your last four (4) employers, starting with the most recent.

Employer:	Address:	Telephone #:
Supervisor:	Job Duties:	Start Date:
Job Title:		End Date:
Reason for Leaving:	May we contact for a reference?	Starting rate of pay:
		Ending rate of pay:

Employer:	Address:	Telephone #:
Supervisor:	Job Duties:	Start Date:
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DUNWOODY VILLAGE

3500 West Chester Pike • Newtown Square, PA 19073
610-359-4400 • Fax 610-359-4449
Hearing Impaired 1-800-654-5984 • www.dunwoody.org

EDUCATIONAL BACKGROUND

	Years Completed	Did you graduate?	Course of Study / Degree
High School:			
College:			
Other:			

REFERENCES

Provide the names of three (3) professional references. DO NOT LIST FRIENDS OR FAMILY.

Name, Position, Company	Telephone	Business / Occupation

AGREEMENT OF UNDERSTANDING

I understand that all statements made on this application for employment are subject to the verification of Dunwoody Village and I release all persons, companies or institutions from any and all liability or responsibility for supplying such information. I further understand that misrepresentation of facts is sufficient cause for rejection of this application or discharge if I am later employed.

I understand that my completion of this application and its acceptance by Dunwoody Village does not imply nor guarantee that an offer of employment will be forthcoming. If employed, I understand that I will be employed as an "at will" employee of Dunwoody Village. Under the "at will" employment relationship either Dunwoody Village or I may terminate my employment relationship at any time with or without notice for any reason not in violation of the law.

I understand that by signing the employment application, I am agreeing to screening for criminal background, drugs and alcohol, education and/or licensure checks which may be conducted prior to and at any time during employment. I understand that this application remains current for three (3) months. Any offer of employment from Dunwoody Village is contingent upon my successful completion of the total pre-employment screening process, including the receipt of satisfactory references via Skill Survey, successful completion of a drug and/or alcohol screen, and receipt of a criminal background check which is satisfactory to the standards of Dunwoody Village.

A Criminal Record Background Investigation Report must be obtained for all employees hired. Conviction of a crime listed in the Older Adults Protective Act will result in a denial of employment. By my signature below I affirm that I have been advised that as a condition of my employment, criminal history background clearance must be obtained from the Pennsylvania State Police and/or the Federal Bureau of Investigation. I understand that Act 169 of 1996 and Act 13 of 1997 prohibit the employment of persons convicted of certain crimes, and that this information is being obtained in compliance with this act. If I have been a resident of Pennsylvania for less than two years, an additional criminal record background check will be obtained from the Federal Bureau of Investigation. The original of this report will be held on file in the Human Resources Department.

I certify that the information provided by me in this application is true and correct to the best of my knowledge. I further certify that I have read and understand all parts of this application. I agree that if I am employed by Dunwoody Village, I will abide by all rules, regulations, policies and procedures set forth by Dunwoody Village.

Applicant Signature

Date



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REFERENCE CHECK FORM

All applicants must complete the top half of this form. The Dunwoody Village Human Resources Department will contact previous employers, if candidate is considered for hire.

Name of Applicant:		
Name of Employer:		Name of Supervisor:
Address:		
Telephone #:		Fax #:

I _____ hereby authorize the release of the following information to Dunwoody Village.

Signature: _____ Date: _____

_____ has applied for employment with Dunwoody Village. As a previous employer, your candid appraisal will greatly assist us in completing our personnel record. Your assistance is appreciated and your evaluation will be confidential.

Applicant states that he/she worked with you	from:	to:
Is that correct? If not, please verify the correct dates	from:	to:
Position held with your organization?		
Is the individual eligible for rehire?		
Comments:		
Person Contacted:	Title:	
Signature:	Date:	

Please fill out completely and promptly fax back to 610-359-4449.

Thank you.



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