

Employment Application

For IC/HR use only:

Application # _____
 Received by _____
 Date _____

Greencroft Goshen is an equal opportunity employer. Applicants are considered for employment without regard to race, color, national origin, religion, sex, age, disability, veteran status, or any other basis prohibited by law, unless such basis constitutes a bona fide occupational qualification.

You must complete the following items in order for us to consider your application:

1. Application for Employment: please complete all sections. If you have a resume, you may include it with the completed application form. Please print in blue or black ink.
2. Your application will be kept on file for 6 months. If during that time you wish to be considered for another posted opening, contact Human Resources by telephone, email or in person and request that your application be submitted for the opening.

Personal Information

Name: _____
Last First Middle

Address: _____
Number Street

_____ *City State Zip Code*

Phone: _____ Alternate Phone: _____

Social Security Number: _____ Email Address: _____

Position Sought

Position Desired: _____

Wage/Salary Expected: _____ On what date would you be available for work? _____

Are you available to work: Full-time Part-time

Shift Availability: 1st shift 2nd shift 3rd shift

Are you available to work weekends? Yes No

How did you learn of this position?

Newspaper, specify _____ Reputation of facility

Employee _____ Website Other _____

General Information

Federal law requires applicants to present certain documentation to verify their identity and United States status or their legal authorization to work in the United States.

Are you legally eligible for employment in the United States? Yes No

Are you 18 years of age or older? Yes No

Do you have a valid driver's license (if job related)? Yes No

Have you been a member of the armed forces of the United States? Yes No

Have you been convicted of, pled guilty to, or received a suspended sentence for a felony or misdemeanor other than a minor traffic violation? Yes No

If yes, please explain: _____

Have you ever been excluded from participating in the Medicare/Medicaid program? Yes No

If yes, please explain: _____

Education

Type of School	Name of School	Location (City & State)	Circle last year completed	Major course of study	Graduated? Degrees?
Grade			6 7 8		
High School			9 10 11 12		<input type="checkbox"/> Yes <input type="checkbox"/> No
College			1 2 3 4 5 6		<input type="checkbox"/> Yes <input type="checkbox"/> No Degree _____
Graduate			1 2 3 4		<input type="checkbox"/> Yes <input type="checkbox"/> No Degree _____
Business, Trade or Apprentice					<input type="checkbox"/> Yes <input type="checkbox"/> No Degree _____

Professional Certifications

Type of License	License #	Issuing State	Expiration Date

Please list any special job-related skills, certifications, and qualifications acquired from education, employment, volunteer work or military service which you feel may be helpful in considering your application.

References

Please list three references who are **not related to you** and are **not** previous employers.

Name	Street Address	City, State, Zip	Phone Number	Relationship

Mission Statement

In keeping with our Mennonite values and high standards of care, Greencroft Goshen is committed to creating a dynamic community that embraces the creativity, contributions and challenges of aging for all.

Corporate Values

- Creativity: pursuing innovative solutions, creative ideas, and ongoing improvement
- Respect: demonstrating courtesy, kindness, grace, mercy, patience, and love for all
- Openness: embracing our differences, listening to others' viewpoints
- Fairness: leading with careful consideration in service to others
- Teamwork: working together toward a common vision across our community

Philosophy of Care

Our organization seeks to provide an environment that meets physical, spiritual, psychological, and social needs, and enhances self-determination, dignity, and independence. To this end we will maintain a continuum of quality care which is responsive to the changing needs of residents, their families, and community.

Applicant's Statement

1. I authorize investigation of all statements contained in the application for employment as may be necessary in arriving at an employment decision. I understand that an investigation may be made and information may be obtained through interviews with the personal references and past employers listed. I further understand any conditional offer of employment will involve obtaining a criminal background report, pre-employment drug screen, and/or drivers license verification. I hereby authorize the organization, if they wish, to make such inquiries.
2. I hereby release all parties, personal references, and previous employers from any and all liability for any injury or damage that may result from their furnishing information to our organization concerning me or any action that we take on the basis of such information.
3. I understand that a physical examination is required after an employment offer is made, with a report submitted, to be eligible for employment at Greencroft Goshen Healthcare.
4. I understand that this application is not a contract of employment and that any resulting employment relationship is for no fixed period of time and is terminable at any time and for any reason by this organization, or by me. I further understand that statements which may be contained in policies, practices, handbooks, or other material do not create any guarantee of employment and that this organization has the right to modify, amend, or terminate policies, practices, benefits plans, or other programs within the limits and requirements imposed by law. I understand that no representative of this organization, other than a corporate officer, has the authority to enter into any agreement for any specific period of time or to make any agreement contrary to the foregoing and that any such agreement must be in writing, signed by an authorized officer, and be specifically for employment, to be binding on this organization.
5. I certify that I have read the above mission statement and will conform to its expectations.
6. I certify that this application was completed by me and that all entries on it and all information contained in (this application, resume, and any supplement thereof) is CORRECT and COMPLETE to the best of my knowledge. In the event of employment, I understand that false, misleading, or omitted information given in my application (or during interviews) may result in termination.

Date

Signature of Applicant

This application will be considered active for 6 months.