

# BETHANY THE LODGE AT BETHANY THE COTTAGES AT BETHANY

## APPLICATION FOR EMPLOYMENT

### EQUAL OPPORTUNITY STATEMENT:

The Lodge at Bethany and The Cottages at Bethany (Bethany) does not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state, or federal law. Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify the Administrator or CEO for Bethany.

### NOTICES:

**This application remains active for only 30 days.** After 30 days, an applicant must fill out a new application in order to be considered for employment at Bethany.

***For this type of employment, state law requires a National and State Background check as a condition of employment.***

Employment with Bethany includes, but is not necessarily limited to the following: confirmation of your educational background, professional licenses, personal and professional references, a criminal record check, a National and State Background check, a driving record check, a physical exam, and a drug and alcohol test.

Within three (3) days of hire, each employee will be required to provide proof of identity and work authorization as required by federal law.

Date of application \_\_\_\_\_

Position(s) applied for \_\_\_\_\_ Shift Available: 7-3:  3-11:  11-7:

Before answering the following question, please read the job description of the position(s) for which you have applied. A list of job descriptions is available from the Administrator, and is posted on the website at [www.bethanyway.org](http://www.bethanyway.org).

Are you able to perform the essential functions of the position for which you have applied, with or without reasonable accommodation?  
\_\_\_\_\_

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
Last First Middle

Please list any other name or nickname by which you are known or have been known: \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Telephone # (\_\_\_\_) \_\_\_\_\_ Mobile/Beeper/Other # (\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

Referral Source (How did you hear about us?)  
\_\_\_\_\_

Do you have any relative presently working for Bethany and if so, who: \_\_\_\_\_

If you are under 18, and it is required, can you furnish a work permit? ..... Yes  No

If **no**, please explain \_\_\_\_\_

Have you ever been employed here before? ..... Yes  No

If **yes**, give dates and position(s) \_\_\_\_\_

Date available for work \_\_\_\_\_

What is your desired salary range? \$ \_\_\_\_\_

Type of employment desired  Full-time  Part-Time  Temporary  Seasonal  Educational Co-Op

Driver's license number, if driving may be required in position for which you are applying \_\_\_\_\_ State \_\_\_\_\_

Answering “yes” to the following questions does not constitute an automatic bar to employment. Factors such as age at the time of the offense, remoteness of the offense in time, and rehabilitation will be taken into account in determining effect on suitability for employment.

Have you ever pled “guilty” or “no contest” to, or been convicted of a crime? ..... Yes  No

If **yes**, please provide date(s) and details \_\_\_\_\_

Have you ever been convicted of, pled “guilty” to, or pled “no contest” to any violation related to Medicare, Medicaid, or any other violation of federal or state healthcare laws? ..... Yes  No

If **yes**, please provide date(s) and details \_\_\_\_\_

Have you ever been debarred, excluded, or otherwise become ineligible for participation in a Federal or State healthcare program? ..... Yes  No

If yes, please provide date(s) and details \_\_\_\_\_

\_\_\_\_\_

<b>Employment History</b>
---------------------------

Starting with your most recent employer, provide the following information.

Employer	Telephone #	Month	Year	Month	Year
		Dates employed:			
Street Address	City	State		Compensation (Starting)	
		<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary	\$	per
Starting Job title/ final job title		Commission/ Bonus/ Other Compensation \$			
Immediate supervisor and title (for most recent position held)		May we contact for reference?		Compensation (Final)	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary \$ per
Why did you leave?		Commission/ Bonus/ Other Compensation \$			
Summarize the type of work performed and job responsibilities.					
What did you like most about your position?					
What were the things you liked least about the position?					

Employer	Telephone #	Month	Year	Month	Year
		Dates employed:			
Street Address	City	State		Compensation (Starting)	
		<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary	\$	per
Starting Job title/ final job title		Commission/ Bonus/ Other Compensation \$			
Immediate supervisor and title (for most recent position held)		May we contact for reference?		Compensation (Final)	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary \$ per
Why did you leave?		Commission/ Bonus/ Other Compensation \$			
Summarize the type of work performed and job responsibilities.					
What did you like most about your position?					

What were the things you liked least about the position?					
Employer	Telephone #	Month	Year	Month	Year
		Dates employed:			
Street Address	City	State	Compensation (Starting)		
			<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary	\$ _____ per
Starting Job title/ final job title			Commission/ Bonus/ Other Compensation \$		
Immediate supervisor and title (for most recent position held)			May we contact for reference?		Compensation (Final)
			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per
Why did you leave?			Commission/ Bonus/ Other Compensation \$		
Summarize the type of work performed and job responsibilities.					
What did you like most about your position?					
What were the things you liked least about the position?					

1. State the number of times you were absent from work during the past 12 months (unrelated to a serious health condition or disability): \_\_\_\_\_
2. State how many times you were disciplined at work during the past five (5) years and the reasons for each:  
 \_\_\_\_\_  
 \_\_\_\_\_
3. State how many times you have been discharged or asked to resign during the past ten (10) years and the reasons for each:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>Skills and Qualifications</b>
----------------------------------

Summarize any special training, skills, licenses, and/or certificates that may assist you in performing the position for which you are applying.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Computer Skills** (Check appropriate boxes. Include software titles and the number of years of experience.)

- Word Processing \_\_\_\_\_ Years: \_\_\_\_\_
- E-mail \_\_\_\_\_ Years: \_\_\_\_\_
- Spreadsheet \_\_\_\_\_ Years: \_\_\_\_\_
- Internet \_\_\_\_\_ Years: \_\_\_\_\_
- Presentation \_\_\_\_\_ Years: \_\_\_\_\_
- Other \_\_\_\_\_ Years: \_\_\_\_\_

**Educational Background**

Starting with your most recent school attended, provide the following information.

Schools (Include City & State)	Number of Years Attended	Completed	GPA Class Rank	Major/ Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		

**References** **PROFESSIONAL ONLY NO FRIENDS OR FAMILY**

List name and telephone number of three (3) business/ work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references that are *not* related to you.

Name	Title	How You Know this Person	Telephone	Number of Years Known
			( )	
			( )	
			( )	

**PLEASE LIST EMAIL BELOW**


**Applicant Statement**

All of the information that I have provided on this application, and on any résumé that may accompany this application, and/or any information provide by me during any interview is accurate and correct. I understand that **any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge** from the employer’s service, whenever it is discovered.

**National and State Background and Reference Check Authorization**

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provide by me in this application, résumé, or interview.

I expressly authorize, without reservation, the Employer to perform a National and State Background check, a driving record check, and a confirmation of any education background, professional licenses, and personal and professional references listed herein.

I specifically authorize the Employer to contact any and all of my previous employers, unless marked otherwise on this application, and I authorize my previous employers to disclose all records and other pertinent information about my employment to the Employer. I also authorize the Employer to provide truthful information concerning my employment to any future prospective Employers and agree to hold the Employer harmless for providing such information. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I specifically acknowledge that I will execute the attached Notification, Authorization, and Consent for Release of Criminal History Record Information (TLAB-APP-2) and the Notification, Authorization, and Consent for Release of Criminal History Record Information (TLAB-APP-3) provided by the Employer with this Application, having read and accepted the notice and authorizations included therewith.

**Drug/Alcohol Test and Physical Exam Acknowledgment**

I acknowledge that the Employer will require me to submit to a drug and alcohol test and a medical examination in conformance with federal and state law and the Personnel Policies of the Employer.

**At Will Acknowledgment**

If I am hired, I acknowledge that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the right to terminate my employment at any time, with or without prior notice, for any reason not prohibited by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration.

I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer’s Administrator/Director or Bethany’s Chief Executive Officer.

**DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTOOD THE ENTIRE APPLICATION STATEMENT.**

I certify that I have read, fully understand and accept all terms of the forgoing Application Statement.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_