



Asbury Towers Retirement Community, Inc.

102 West Poplar Street Greencastle, IN 46135

765-653-5148 FAX 765-653-5587

Rod Jackson, Executive Director

APPLICATION FOR EMPLOYMENT

PLEASE PRINT

Position applied for _____ Date of application ____/____/____

Name _____
Last First Middle

Address _____
Street City State Zip Code

Home Telephone _____ Cell Phone _____
Area Code Area Code

If you are under 18, can you furnish a work permit?..... Yes No

Have you filed an application here before? Yes No

Have you ever been employed here before? Yes No

How were you referred to our organization (if referred by an employee, please list employee's first and last name): _____

If yes, please give dates:From ____/____/____ To ____/____/____

Are you legally eligible for employment in this country?..... Yes No
(Proof of U.S. citizenship or immigration status will be required upon employment)

Date available for work ____/____/____

Type of employment desired Full-Time Part-Time Temporary
 Day Shift Evening Shift Night Shift

EDUCATIONAL BACKGROUND

Name and Location	Years Completed	Did you Graduate?	Course of Study
High School			
College			
Other			

References

List name and telephone number of three business/work references who are not related to you.

Name	Telephone	Years Known
	Area Code ()	
	Area Code ()	
	Area Code ()	

Asbury Towers is an Equal Opportunity Employer

SKILLS AND QUALIFICATIONS

Summarize any training, skills, licenses, certificates and/or characteristics of yourself that may qualify you as being able to perform job-related functions for the position for which you are applying.

EMPLOYMENT HISTORY

List all previous employers, assignments or volunteer activities, starting with the most recent, including military experience. A separate sheet may be attached.

From	To	Employer	Telephone
Job Title		Address	
Immediate Supervisor and Title		Summarize the nature of work performed and job responsibilities.	
Reason For Leaving		Hourly Rate/Salary Start \$ _____ per _____ Final\$ _____ per _____	

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PLEASE LIST ALL NAME CHANGES FOR THE LAST FIVE (5) YEARS

It is understood and agreed upon that any misrepresentation by me on this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed.

I give the employer the right to investigate all references and to secure additional information about me, if job-related. I hereby release from liability the employer and its representatives for seeking such information, and all other persons, corporations or organizations for furnishing such information.

The employer is an Equal Opportunity Employer. The employer does not discriminate in employment and no questions on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only 90 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time and without prior notice. I understand that no representative of the employer has the authority to make any assurances to the contrary.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of this person's need for an accommodation that would be required by the ADA.

Applicant's Signature

Date

**ASBURY TOWERS RETIREMENT COMMUNITY
DRUG SCREENING AGREEMENT (Pre-Employment Screening)**

I have been informed that it is the policy of Asbury Towers Retirement Community to perform pre-employment testing for the illegal use of drugs. The drug test will be performed by

I have been informed, and I understand, that my consent to submit to the pre-employment drug testing is completely voluntary on my part, and that I have the right to refuse to submit to the test. I am aware, and have been told, that my refusal to submit to the drug test will make me ineligible for employment with Asbury Towers Retirement Community.

I have also been informed and I am aware and hereby authorize that the results of the drug test may be released to Asbury Towers Retirement Community's Executive Director or her designee. I understand that the information will be used to determine whether I am eligible for employment with Asbury Towers.

With full knowledge of the above information, I have decided to voluntarily submit to the requested drug test by _____ and in recognition of this agreement, to sign this consent form.

Date: _____ Employee Signature:

Date: _____ Witness:

Date: _____ Supervisor:

**REFUSAL
To Submit to Drug Screen**

I hereby refuse to authorize testing for illegal use of drugs. I understand that my refusal means that I am ineligible for employment with Asbury Towers Retirement Community.

Date: _____ Signature:

Date: _____ Witness:

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY:

Have you ever been convicted of any of the following?

- | | | |
|----------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| (1) Rape (IC 35-42-4-1). | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Criminal deviate conduct (IC 35-42-4-2). | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Exploitation of an endangered adult (IC 3504601012). | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Failure to report battery, neglect, or exploitation of an endangered adult (IC 35-46-1-12). | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (5) Theft (IC 35-43-4), if the conviction for theft occurred less than five (5) years before the person's employment application date. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (6) Murder | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (7) Voluntary manslaughter (IC 35-42-1-4). | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (8) Involuntary manslaughter (IC 35-42-1-4). | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (9) Felony battery within the previous five (5) years. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (10) A felony offense relating to controlled substances within the previous five (5) years. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

A person who knowingly or intentionally applies for a job as a nurse aide or other unlicensed employee at a health facility or at a hospital based health facility after a conviction of one (1) or more of the offenses listed above commits a Class A infraction.

The General Assembly passed a new chapter to the Indiana Code, Section 18, IC 16-28-13 and Section 19 which requires health facilities to apply for a criminal history report on nurse aides and other unlicensed employees within three business days from the date of employment effective July 1, 1995.



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102 West Poplar Street Greencastle, IN 46135

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Rod Jackson, Executive Director

REFERENCE REQUEST

To: _____

Direct Supervisor:

Fax: _____

Telephone: _____

I, _____, have applied for employment at Asbury Towers Retirement Community, Inc. I have listed you as a reference.

I give the employer the right to investigate all references and to secure additional information about me, if job-related. I hereby release from liability the employer and its representatives for seeking such information, and all other persons, corporations or organizations for furnishing such information.

Prospective Employee Signature

Social Security Number

Date

1. Dates of Employment From _____ To _____

2. Position held _____

3. Did he/she resign or was he/she discharged? _____

4. Remarks _____

5. Would you re-employ him/her? Yes _____ No _____

6. Was he/she reliable and dependable? Yes _____ No _____

7. Was quality of work Excellent _____ Good _____ Fair _____ Poor _____

8. Was quantity of work Excellent _____ Good _____ Fair _____ Poor _____

9. Are there any discrediting personal characteristics that would disqualify him/her for the position? _____

11. Additional Remarks

Signature Person obtaining information

Date