

APPLICATION FOR EMPLOYMENT

PENNEY RETIREMENT COMMUNITY (P R C)

P O BOX 555 PENNEY FARMS, FL 32079-0555 PHONE 904/284-8200 FAX 904/284-8207

PRC IS AN EQUAL OPPORTUNITY EMPLOYER AND DRUG FREE WORK PLACE

PRC considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

This application must be in the name that appears on your Social Security Card. Copy of card is required.

(PLEASE PRINT)

Name:	Last	First	Middle	Maiden
Physical Address:				
Mailing Address if different:				
Telephone:			Cell #:	
SSN:				
How did you learn about us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Employment Agency <input type="checkbox"/> Friend/Relative <input type="checkbox"/> Walk-In <input type="checkbox"/> Other				
Position(s) applied for:				
<input type="checkbox"/> Health Care:	<input type="checkbox"/> RN	<input type="checkbox"/> LPN	<input type="checkbox"/> CNA	<input type="checkbox"/> Attendant
<input type="checkbox"/> Dietary:	<input type="checkbox"/> Cook	<input type="checkbox"/> Bake	<input type="checkbox"/> Salad	<input type="checkbox"/> Food Prep
<input type="checkbox"/> Maintenance:	<input type="checkbox"/> General Maintenance	<input type="checkbox"/> HVAC	<input type="checkbox"/> Electrician	<input type="checkbox"/> Grounds
<input type="checkbox"/> Administration/Clerical	<input type="checkbox"/> Health Care Clerical	<input type="checkbox"/> Housekeeping	<input type="checkbox"/> Laundry	<input type="checkbox"/> Carpenter
<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> PRN	<input type="checkbox"/> Shift Work	<input type="checkbox"/> Temporary
Shift Preferred:				<input type="checkbox"/> 7 - 3
				<input type="checkbox"/> 3 - 11
				<input type="checkbox"/> 11 - 7
<input type="checkbox"/> Kitchen Utility/Dishwasher				<input type="checkbox"/> Plumber
If you are under 18 years of age, can you provide required proof of your eligibility to work? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Do you have any relatives, friends or acquaintances currently working at PRC? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Names:				
May PRC contact you at?		<input type="checkbox"/> Home	<input type="checkbox"/> Current Job	Best time to call:
				am pm
Have you ever been employed with PRC before?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Previous employed name (S):				
Are you prevented from lawfully becoming employed in this country due to Visa/Immigration Status?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently on layoff status and subject to recall?				<input type="checkbox"/> Yes <input type="checkbox"/> No
What date would you be available to start?			Will you work overtime if required?	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been convicted of a felony within the last 7 years?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain.				

Education: High School and/or Last School Attended				
Name / State:		Yrs completed:	Diploma:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name / State:		Yrs completed:	Diploma:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name / State:		Yrs completed:	Diploma:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Describe any specialized training, apprenticeship, skills, and extra-curricular activities you have received and where.

P R C does background checks and drug testing on all employees.

Employment Experience:

Start with your present or last job. Must include your work history for last 10 years .

If you need additional space, please continue on a separate sheet of paper.

Employer:		Telephone:		
Address:				
Duties:		Reason for Leaving:		
Hire Date:	Rate:	<input type="checkbox"/> Hourly	<input type="checkbox"/> Bi-weekly	<input type="checkbox"/> Monthly
Term Date:	Rate:	<input type="checkbox"/> Hourly	<input type="checkbox"/> Bi-weekly	<input type="checkbox"/> Monthly

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Address:				
Duties:		Reason for Leaving:		
Hire Date:	Rate:	<input type="checkbox"/> Hourly	<input type="checkbox"/> Bi-weekly	<input type="checkbox"/> Monthly
Term Date:	Rate:	<input type="checkbox"/> Hourly	<input type="checkbox"/> Bi-weekly	<input type="checkbox"/> Monthly

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Address:				
Duties:		Reason for Leaving:		
Hire Date:	Rate:	<input type="checkbox"/> Hourly	<input type="checkbox"/> Bi-weekly	<input type="checkbox"/> Monthly
Term Date:	Rate:	<input type="checkbox"/> Hourly	<input type="checkbox"/> Bi-weekly	<input type="checkbox"/> Monthly

List professional, trade, business or civic activities and offices held.
<i>You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:</i>

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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References: ***Give the names of three persons not related to you, whom you have known at least three years.***

Name:	Telephone:
Address:	

Name:	Telephone:
Address:	

Name:	Telephone:
Address:	

Applicant's Statement

In signing the application, I certify that all of the foregoing information is a complete and accurate statement of the facts. I understand that if any misrepresentation, omission or falsification be discovered, it will constitute grounds for dismissal. I hereby authorize you to conduct any investigation necessary concerning any part of my background related to the position I am seeking. I release all parties from any liability in connection with the provision and use of such information.

I understand and agree that, if employed by Penney Retirement Community, I will abide by its rules and regulations which are subject to change. I further understand that, if hired, my employment is for no definite period of time and may be terminated by either party at any time.

Applicant's Signature: _____

Date: _____