



Rock of Ages-Valley View Retirement Village

APPLICATION FOR EMPLOYMENT

<http://www.rockofagesvalleyview.com>
 15600 SW Rock of Ages Road
 McMinnville, Or 97128
 (503)-472-6212 Fax (503)472-4797

Date received: _____
By: _____
App. Rev. by: _____
Signed out by: _____

Last Name	First Name	Middle	Social Security Number _____
Present Address	City	State	Zip
How Long?			
Previous Address	City	State	Zip
How Long?			
Have you lived outside Oregon within the last 5 years?			Driver's License Number
Telephone No.	Cell Phone No.	Message No.	Email:
Position Desired:		Are you applying for (please circle one):	
		<input type="radio"/> Full Time <input type="radio"/> Part Time <input type="radio"/> Temporary	
How were you referred to Rock of Ages?		Date available for work?	
Do you have relatives or friends employed by Rock of Ages?		Would you consider working: (indicate by yes or no)	
		Weekends and Holidays?	
		Rotating Shifts?	
		On Call? Overtime?	
		Shift Preference: Day Swing Night Any	
Have you ever been employed by Rock of Ages? If Yes, when?		Have you volunteered your time or services? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, where?	
Other special training or skills: (machine operation etc.)			

School	Name & Location of School	No. of years completed	Did you graduate?
High School			
Business/Trade/ Technical			
College			
Other Business College, Other Special Courses (include Special military training, Post Graduate and Nursing) Health Related, Business and Other Special Training:			
Area of specialization or major interest:			
List health care, business or industrial equipment operated:			
Are you currently eligible for:	<input type="checkbox"/> licensure <input type="checkbox"/> certification		
If licensed, registered or certified:	Type	State Issued	Date
			No.
	Type	State Issued	Date
			No.

Instructions: To complete the Availability section, record the times you are available to work for each day of the week. If you do not have any restrictions for a specific day, write "open". If you cannot work on a given day of the week, record N/A for "not availability" for that day. Remember, having a restricted availability may impact the total hours you may be scheduled to work for a given week based on the needs of the business.

AVAILABILITY

Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday

REFERENCES: List at least 3 references who are **not** relatives or employers:

First and Last Name	Relationship-Title	Company name & address	Telephone

READ THIS SECTION PRIOR TO PROVIDING SIGNATURE BELOW

In consideration of my employment, I agree to conform to the rules and regulations of Rock of Ages. I understand that my employment can be terminated at any time and for any reason, at the option of either the facility or myself. I understand that no one has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing, except for a written employment agreement signed by an administrative representative of Rock of Ages.

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete. I understand that any false or misleading representations or omissions may disqualify me from further consideration for employment and may result in discharge even if discovered at a later date.

I hereby authorize persons, schools, my current employer (if applicable) and previous employers and organizations named in this application (and accompanying resume, if any) to provide Rock of Ages and all affiliates with any relevant information regarding an employment decision and I release all such persons from any liability regarding the provision or use of such information. Rock of Ages reserves the right to review social media to asses an applicants appropriate fit for our organization.

Date _____ Signature _____

Emergency Contacts:

Name: _____ Phone# _____ Relationship _____

Name: _____ Phone# _____ Relationship _____