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

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

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): Full Time Part Time 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? ☐ yes ☐ 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:	☐ licensure ☐ certification			
If licensed, registered or certified:	Type	State Issued	Date	No.
	Type	State Issued	Date	No.

PREVIOUS EMPLOYMENT	Start with your present or most recent employer. Please give accurate information.
Company Name	Telephone ( )
Address	Employed (state month and year) From To
Name of Supervisor	Reason for leaving:
State job title and describe your work:	
Company Name	Telephone ( )
Address	Employed (state month and year) From To
Name of Supervisor	Reason for leaving:
State job title and describe your work:	
Company Name	Telephone ( )
Address	Employed (state month and year) From To
Name of Supervisor	Reason for leaving:
State job title and describe your work:	
Company Name	Telephone ( )
Address	Employed (state month and year) From To
Name of Supervisor	Reason for leaving:
State job title and describe your work:	

We may contact the employers listed above unless you indicate those you do not want us to contact. PLEASE DO NOT CONTACT: Employer: _____

Reason:_____

_____

Are you a U.S. citizen or an alien legally authorized to work in the United States? YES ☐ NO ☐

Have you ever been charged, arrested, adjudicated and/or convicted of a crime? Yes ☐ No ☐ If yes, list all charges, arrests, adjudications and/or convictions (adult and Juvenile) and the outcome, regardless how long ago. explain: (use back of page)

Have you ever been found to have committed abuse? Yes ☐ No ☐ If yes, explain: (use back of page)

After reviewing the functions of the job you are applying for, do you have any physical/mental condition that would substantially limit your ability to perform that job? Yes ☐ No ☐ If yes, explain:

I agree to a pre-employment drug screen and criminal check. Yes ☐ No ☐

Social screening is completed prior to consideration

Do you speak, read or write in other languages?

Please tell us why you think you would like to work here.

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_____

Updated: 1/2018