



Valley Memorial Homes Application for Employment

(Please PRINT Clearly in INK)

Date of Application _____ Date of Availability _____ Location _____

Last Name _____ First Name _____ MI _____

Address _____ City _____ State _____ Zip _____

Phone # (____) _____ Cell Phone (____) _____ E-mail address: _____

Social Security Number _____ Are you eligible to work in the United States? Yes No

Position applied for _____ Would you be willing to consider other VMH positions? Yes No

Would you accept: Full-time Part-time for _____ hrs/wk Temporary (how long) _____ Flex-time (on-call)

Many of our positions are weekends/shifts. Would you accept: Shifts _____ Weekend Work _____

Hours/Days/Shifts You **CANNOT** Work: _____ Are you over 16 years of age? Yes No

Were you formerly employed at any VMH facility (i.e. Valley Eldercare Center, 4000 Valley Square, Tufte Manor, Almonte Living Center)? Yes No If yes, what facility and year? _____

Have you ever been convicted of a felony*? Yes No

*A record will not necessarily bar you from being employed at Valley Memorial Homes. Age and time of the offense, seriousness and the nature of the violation, and rehabilitation will be taken into consideration.

Have you ever been employed as a CNA? Yes No If yes, list states you have previously worked in: _____

Current CNA Certificate #: _____ State Where Issued _____ Exp. Date _____

Have you ever been arrested, charged or convicted of abusing, neglecting or mistreating individuals in a health care related setting? Yes No If yes, attach an individual page and explain in detail, include dates, places, charges and results. Under Federal Regulations, conviction of resident abuse, neglect or mistreatment or misappropriation of resident property will disqualify you from consideration of employment.

EDUCATION DATA

Do you have a high school degree or equivalency? Yes No Name of last school attended _____

If you have completed education beyond high school graduation or equivalency, please state the degree held, if any:

Degree (type) _____ Diploma _____ Major Area of Study _____

Other education relevant to position _____ Dates _____

Professionals: ND License, Certificate, or Permit Numbers _____ Expiration Date _____

OFFICE USE ONLY

Date Interviewed _____ Date Position Offered _____ Position _____ Department _____

Date to Start _____ Date to attend Orientation _____ Hours per Week _____

Facility _____ Dept/Job Code _____ Neighborhood _____

Non-Exempt: Level _____ Step _____ Wage _____ **Exempt:** Level _____ Step _____ Wage _____

Comments _____ Date to attend Eden training _____

Approved by Supervisor _____ Date _____

"Valley Memorial Homes provides compassionate Christian care and service to enhance the quality of life for those we serve."

*An Equal Opportunity Employer
Valley Memorial Homes is a smoke free workplace*

PRESENT OR MOST RECENT EMPLOYMENT INFORMATION

1. Firm _____ Telephone No. (____) _____
Address _____ City _____ State _____ Zip _____
Your Name While Employed There For Reference Request _____
Name Of Immediate Supervisor _____
Starting Title _____ Starting Salary _____ Date Began _____
Present Title _____ Present Salary _____ Date Left _____
Duties _____
Why Do You Wish To Make A Change? _____ May We Contact? Yes No

PREVIOUS EXPERIENCE

2. Firm _____ Telephone No. (____) _____
Address _____ City _____ State _____ Zip _____
Your Name While Employed There For Reference Request _____
Name Of Immediate Supervisor _____
Starting Title _____ Starting Salary _____ Date Began _____
Present Title _____ Present Salary _____ Date Left _____
Duties _____
Why Did You Make A Change? _____ May We Contact? Yes No

PREVIOUS EXPERIENCE

3. Firm _____ Telephone No. (____) _____
Address _____ City _____ State _____ Zip _____
Your Name While Employed There For Reference Request _____
Name Of Immediate Supervisor _____
Starting Title _____ Starting Salary _____ Date Began _____
Present Title _____ Present Salary _____ Date Left _____
Duties _____
Why Did You Make A Change? _____ May We Contact? Yes No

If No Previous Work Experience, List One Personal Reference (Nursing Applicants: Please List One Nursing Instructor).

Name _____ Telephone No. (____) _____
Address _____ City _____ State _____ Zip _____

Applicant's Certification

I certify that all matters contained in this application are true, authorize their investigation and agree that any misleading or false statements would render this application void and could be sufficient cause for immediate dismissal in the event of employment.

I understand that my employment is dependent upon receipt of satisfactory reference, attendance at orientation and satisfactory completion of the appraisal period.

I agree, if employed, to provide licensure (when applicable) and abide by the Corporate Rules and Regulations.

I agree to conform to the rules and regulations of Valley Memorial Homes and acknowledge that these rules and regulations may be changed, interpreted, withdrawn, or added to, by Valley Memorial Homes at any time and without prior notice to me. I understand that nothing contained in this employment contract between Valley Memorial Homes and myself for either employment or for the providing of any benefits. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Corporation unless expressly made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time, and Valley Memorial Homes retains a similar right regarding the discontinuation of my employment.

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital, or the presence of a physical or mental handicap or disability, or any other characteristic protected by law. It is our intention that all applicants be given equal opportunity and that selection decisions are based on job-related factors.

Signature: _____ Date: _____



Applicant Please Sign and Date at Bottom Confidential Information

Valley Memorial Homes
2900 14th Avenue South, Grand Forks, ND 58201
Phone (701) 787-7900; Fax (701) 787-7936

To _____

_____ is an applicant for a position as _____ . He/She has given us permission to contact you for a reference.

Although the position they have applied for at Valley Memorial Homes may be different than the job they had at your facility, we would appreciate your evaluation of this person's job performance based on their work while employed at your organization. Thank you for your consideration.

Human Resources

Employed from _____ to _____ Department _____

Salary: Start _____ Title _____ Leaving _____ Title _____

Reason for leaving _____

Would you rehire? _____ If not, why? _____

Please rate applicant on the following characteristics:

	Poor	Fair	Good	Excellent
Quality of Work				
Quantity of Work				
Appearance				
Dependability				
Perception of Co-workers				
Team Effectiveness				

Is there any other information that may help us evaluate this applicant? _____

Signed _____

Title _____

I hereby authorize my former employers, school officials and other persons with whom I have been professionally associated to give Valley Memorial Homes any information regarding my employment record, together with any information they may have regarding whether or not such information is on their records. I hereby release said companies and individuals for any liability for any damage whatsoever resulting from the giving of such information.

Signature _____ Date _____

3. ____Yes ____No Have you ever received probation or community supervision for any federal, state or municipal offence?
If yes, please provide details below.

State: _____ County: _____ Date of Offence: ____ / ____ / ____

Details of Supervision: _____

4. ____Yes ____No Have you ever been convicted of any criminal offence in a country outside the jurisdiction of the United States?
If yes, please provide details below.

Country: _____ City: _____ Date of Offence: ____ / ____ / ____

Details of Conviction: _____

5. ____Yes ____No As of the date of the consent form, do you have any pending charges against you?
If yes, please provide details below.

State: _____ County: _____ Date of Arrest: ____ / ____ / ____

Details of Pending Charges: _____

THIS SECTION IS TO BE USED TO LIST ALL THE COUNTIES AND STATES OF RESIDENCE SINCE HIGH SCHOOL GRADUATION OR AGE 18.

CITY/TOWN	COUNTY	STATE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I HERBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS CONSENT FORM IS TRUE, CORRECT, AND COMPLETE. IF ANY INFORMATION PROVES TO BE INCORRECT OR IMCOMPLETE I UNDERSTAND THAT GROUNDS FOR CANCELLING OF ANY AND ALL OFFERS OF EMPLOYMENT/VOLUNTEERISM WILL EXIST AND MY BE USED AT THE DISCRETION OF VMH.

Signed this _____ day of _____, 20____

APPLICANT (PRINT NAME) _____

APPLICANTS SIGNATURE _____