

## **ATTENTION ALL APPLICANTS**

It is apparent that you are seeking employment with Trinity Village and we appreciate you considering us for your place of employment. It is very important to us to give your application the full attention it deserves, but, if you do not completely fill out the application we cannot process it.

- Do not leave any blanks.
- Ensure your signature is in the appropriate places.
- Give work references from all of the places you have worked.
- *Personal references CAN NOT BE FRIENDS OR FAMILY*
- Ensure all phone numbers are correct.
- If we call you for further information please return our call in a timely manner

If these requests are not met we will file your application in our “incomplete file”.

We look forward to a possible future relationship with you

Sincerely,

Trinity Village Management

# Notice to All Applicants

## Re: Drug/Alcohol Screens and Criminal Background Checks

- In order to provide high quality resident care and to maintain a safe, drug free workplace, Trinity Village, Inc. will include a Drug Alcohol Test as part of the pre-employment process.
- During the drug screening process, the applicant will be asked to take the drug & alcohol screening at Health Care Plus. You will be asked to produce a form of identification. Your drug screen will be performed by and observed by a staff member of Health Care Plus. If for any reason you leave Health Care Plus without providing specified identification and/or a specimen, this will be considered a failure to pass the pre-employment screening and any employment offer will be revoked.
- \*\*My signature certifies that I understand that my employment by Trinity Village is contingent on the drug / alcohol pre-employment screening from Health Care Plus being in good standing.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

- On the first day of employment, you will complete Criminal Background Checks as required by the State of Arkansas and Trinity Village as a part of the employment screening process. My signature certifies that my employment is contingent on the Criminal Background checks returning to Trinity Village In good standing and a negative result for the Criminal Background Checks will cause any offer of employment at Trinity Village to be revoked.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**TRINITY VILLAGE, INC  
EMPLOYMENT APPLICATION**

TRINITY VILLAGE, INC. IS COMMITTED TO THE PROVISION OF EQUAL EMPLOYMENT OPPORTUNITIES TO ITS APPLICANTS REGARDLESS OF RACE, SEX, RELIGION, NATIONAL ORIGIN, OR HANDICAP. THIS APPLICATION IS INTENDED TO ALLOW YOU TO PROVIDE OUR ORGANIZATION WITH INFORMATION FROM WHICH YOUR SUITABILITY FOR THE POSITION(S) FOR WHICH YOU ARE APPLYING CAN BE DETERMINED.

PLEASE READ CAREFULLY: ANSWER ALL QUESTIONS: PRINT CLEARLY IN INK

**PERSONAL**

LAST NAME	FIRST	MIDDLE	SOCIAL SECURITY NO.
HOME ADDRESS	STREET	APT	CITY STATE ZIP CODE
HOME PHONE	MESSAGE PHONE	ARE YOU 18 YEARS OF AGE OR OLDER YES <input type="checkbox"/> NO <input type="checkbox"/>	IF UNDER 18, CAN YOU SUBMIT A WORK PERMIT AFTER EMPLOYED YES <input type="checkbox"/> NO <input type="checkbox"/>

IN CASE OF EMERGENCY NOTIFY: (NAME, ADDRESS & TELEPHONE)

**HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR? YES  NO  INCLUDE CONVICTIONS THAT HAVE BEEN SEALED OR EXPUNGED.**

OFFENSE(S)	DATE	PLACE	DISPOSITION
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HAVE YOU SERVED IN THE U.S. ARMED FORCES? YES  NO

HAVE YOU BEEN PREVIOUSLY EMPLOYED BY TRINITY VILLAGE? YES  NO   
IF YES GIVE DATES

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ LOCATION: \_\_\_\_\_

HOW DID YOU LEARN OF THIS JOB OPENING?	ARE YOU RELATED TO:	AN EMPLOYEE: YES <input type="checkbox"/> NO <input type="checkbox"/>	A RESIDENT: YES <input type="checkbox"/> NO <input type="checkbox"/>
IF YES, EXPLAIN:			

**JOB INTEREST**

POSITION(S) DESIRED	FIRST CHOICE	SECOND CHOICE	DATE AVAILABLE	SALARY DESIRED
WORK HOUR-SHIFT PREFERRED	FULL TIME YES <input type="checkbox"/> NO <input type="checkbox"/>	PART TIME YES <input type="checkbox"/> NO <input type="checkbox"/>	DAYS YES <input type="checkbox"/> NO <input type="checkbox"/>	EVENINGS YES <input type="checkbox"/> NO <input type="checkbox"/>
				NIGHTS YES <input type="checkbox"/> NO <input type="checkbox"/>
				WEEKENDS YES <input type="checkbox"/> NO <input type="checkbox"/>

**EDUCATIONAL RECORD**

CIRCLE HIGHEST GRADES COMPLETED	GRADE SCHOOL & HIGH SCHOOL	COLLEGE OR GRAD SCHOOL
1 2 3 4 5 6 7 8 9 10 11 12		1 2 3 4 5 6

**PROFESSIONAL LICENSING AND CERTIFICATIONS**

TYPE	STATE ISSUED	DATE ISSUED	EXPIRES ON	NUMBER
TYPE	STATE ISSUED	DATE ISSUED	EXPIRES ON	NUMBER

**TECHNICAL SKILL**

LIST WORK SKILL FOR WHICH YOU HAVE BEEN TRAINED:

**HEALTH**

DO YOU HAVE ANY PHYSICAL CONDITION OR HANDICAP WHICH MAY LIMIT YOUR ABILITY TO PERFORM THE JOB APPLIED FOR? YES  NO   
IF YES, WHAT CAN BE DONE TO ACCOMMODATE YOUR LIMITATION?

**WORK EXPERIENCE**

**(LIST MOST RECENT EMPLOYER FIRST, INCLUDING VOLUNTEER EXPERIENCE)**

MAY WE CONTACT YOUR PRESENT EMPLOYER \_\_\_\_\_ WHAT OTHER NAMES HAVE YOU WORKED UNDER \_\_\_\_\_

<b>EMPLOYER</b>					EMPLOYED FROM:	MO / YEAR	TO:	MO / YEAR
ADDRESS	STREET	CITY	STATE	ZIP CODE	PHONE			
POSITION TITLE		SALARY \$		STARTING	FINAL		\$	
SUPERVISORS NAME		Title						
BRIEFLY DESCRIBE YOUR DUTIES								
REASON FOR LEAVING								

<b>EMPLOYER</b>					EMPLOYED FROM:	MO / YEAR	TO:	MO / YEAR
ADDRESS	STREET	CITY	STATE	ZIP CODE	PHONE			
POSITION TITLE		SALARY \$		STARTING	FINAL		\$	
SUPERVISORS NAME		Title						
BRIEFLY DESCRIBE YOUR DUTIES								
REASON FOR LEAVING								

<b>EMPLOYER</b>					EMPLOYED FROM:	MO / YEAR	TO:	MO / YEAR
ADDRESS	STREET	CITY	STATE	ZIP CODE	PHONE			
POSITION TITLE		SALARY \$		STARTING	FINAL		\$	
SUPERVISORS NAME		Title						
BRIEFLY DESCRIBE YOUR DUTIES								
REASON FOR LEAVING								

<b>EMPLOYER</b>					EMPLOYED FROM:	MO / YEAR	TO:	MO / YEAR
ADDRESS	STREET	CITY	STATE	ZIP CODE	PHONE			
POSITION TITLE		SALARY \$		STARTING	FINAL		\$	
SUPERVISORS NAME		Title						
BRIEFLY DESCRIBE YOUR DUTIES								
REASON FOR LEAVING								

Employer	Phone	EMPLOYED FROM:	MO / YEAR	TO:	MO / YEAR
Employer	Phone	EMPLOYED FROM:	MO / YEAR	TO:	MO / YEAR

PLEASE READ THE FOLLOWING BEFORE SIGNING THIS APPLICATION FORM

I understand that it is important for me to accurately and completely provide the information requested in this application. Further, I understand that I may be ineligible for employment or be subject to immediate discharge if any of the information I have given in the application is *false* or I have failed to provide any information herein requested.

I authorize investigation of all statements contained in this application blank if I am considered for employment. I also authorize previous employers named, or any other person or persons to whom Trinity Village may refer to, give any and all information regarding my employment or scholastic standing together with any pertinent information.

I understand that, if employed, my employment is for no fixed term. My employment may be discontinued with or without cause or notice, by myself or Trinity Village at any time.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

# EMPLOYEE REFERENCE REQUEST

PLEASE COMPLETE THE FOLLOWING SECTION

TO:

- WORK REFERENCE
- EDUCATION REFERENCE
- PERSONAL REFERENCE

And return in enclosed envelope

I hereby authorize the release of the information requested:

Applicants name: _____	
Address: _____	
Position applied for: _____	
Social Security number: _____	Signature _____

**WORK REFERENCE (Office Use Only)**

Name while employed \_\_\_\_\_ Position \_\_\_\_\_

Employment dates From \_\_\_\_\_ To \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Would you rehire? Yes  No  Explanation: \_\_\_\_\_

Comments: \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**EDUCATION REFERENCE (Office Use Only)**

Name while attending \_\_\_\_\_

Degree / Course / Certification \_\_\_\_\_

Completion Date \_\_\_\_\_ Graduated? Yes  No

Please Comment on faculty evaluation \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**PERSONAL REFERENCE (Office use Only)**

How well do you know the applicant? Slightly  Well  Very Well

Years Known \_\_\_\_\_ Relationship \_\_\_\_\_ to applicant

Have you had any knowledge of applicant in in last 12 months? Yes  No

Please rate the applicant as follows	Above Average	Average	Below Average	No Knowledge		Above Average	Average	Below Average	No Knowledge
<i>APPEARANCE</i>					<i>INIATIVE</i>				
<i>DEPENDABILITY</i>					<i>JUDGEMENT</i>				
<i>HONESTY</i>					<i>MATURITY</i>				

SIGNATURE	DATE
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# Trinity Village, Inc.

## Personal References

Please use the guideline below to list your personal references. Family members and friends can NOT be used. Good examples would be a Teacher, Pastor, Business Owner, Manager or someone that is well known in the community.

**Name** \_\_\_\_\_ **Title** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone Number** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**How do you know this person?** \_\_\_\_\_

**How long have you known this person** \_\_\_\_\_

**Name** \_\_\_\_\_ **Title** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone Number** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**How do you know this person?** \_\_\_\_\_

**How long have you known this person** \_\_\_\_\_

**Name** \_\_\_\_\_ **Title** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone Number** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**How do you know this person?** \_\_\_\_\_

**How long have you known this person** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

TV Application Reference List Reviewed and revised 2/15/12

Adopted by QA Jan 2007-Revised 1/25/07

DJF/ Trinity Village

8/08/14

# Trinity Village

I certify that the answers herein given are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application will be active for a period not to exceed 6 months.

I hereby understand and acknowledge that any employment relationship I may have with Trinity Village is of an “at will” nature, which means that I may resign at any time and that Trinity Village may discharge me at any time with or without cause. It is further understood that this “at will” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the Administrative Staff of Trinity Village.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in termination. I understand, also, that I am required to abide by all rules and regulations of the employer. I agree I will be subject to a 90 day probation period. I hereby authorize my former and / or current employers, personal references, Office of Long Term Care, Employment Clearance Registry, Arkansas State Police, Federal Bureau of Investigations, Arkansas State Board of Nursing, Arkansas Crime Information Center, and other entities as required, to furnish all information pertaining to my work record, personal character and any other information needed to help ensure that Trinity Village hires the best applicants, and I release any of these from all liability on account of furnishing such information to Trinity Village.

Trinity Village considers applicants for all positions without regard to race, color, religion, gender, national origin, age, marital or veteran status, the presence of non-job related medical condition or disability, or any other legally protected status.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

TRINITY VILLAGE, INCORPORATED

NEW HIRE DATA FORM

*TO ENSURE YOU RECEIVE ALL COMMUNICATIONS FROM TRINITY RETIREMENT COMMUNITY, PLEASE PROVIDE A VALID E-MAIL ADDRESS. THANK YOU FOR YOUR COOPERATION!*

*NAME:*

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*E-MAIL ADDRESS:*

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