



Main Campus Building:
500 East Marylyn Avenue, State College, PA 16801
Website: www.foxdalevillage.org
Phone: 814- 238-2920| Secured Fax: 814-272-7822

Employment Application

Position(s) for which you are applying: _____

How did you hear about this position? _____

Legal Name _____

Local Address: _____
Street City State Zip

County of Residence _____ Borough/Township of Residence _____

Telephone (_____) _____ Cell Phone (_____) _____

Email address that you check **regularly**: _____

Are you 18 years of age or older? ____ Yes ____ No

If a minor student, can you provide work certificate issued by your school district? ____ Yes ____ No

Have you lived in Pennsylvania continuously for the past 2 years? ____ Yes ____ No

Were you previously employed by Foxdale Village? ____ Yes ____ No

If yes, which department? _____ Date(s) _____

AVAILABILITY:

____ Full-time ____ Part-time ____ PRN/Casual ____ Days ____ Evenings ____ Nights

____ Weekends ____ Holidays

Indicate any hours or days you are routinely unable to work _____

Date you will be available to begin work: _____

EDUCATION:

High School _____ City, State _____

Did you receive your High School Diploma or G.E.D.? ____ Yes ____ No

College _____ City, State _____

Major _____ Degree earned _____

College: Number of years completed: 1 2 3 4 5 6 7 8 (circle one)

OTHER TRAINING: (Business, Vocational, Trade)

School _____ City, State _____

Course of Study _____

License, Certificate, or Degree Earned _____

PROFESSIONAL INFORMATION:

Professional Licensure: _____

Registry, License or Certification held: _____

State _____ Number _____ Year Effective _____ Expiration Date _____

VOLUNTEER INFORMATION:

Please list volunteer experience, especially those utilizing similar skills as those in the job for which you have applied. List any special skills or talents that qualify you for this position.

EMPLOYMENT HISTORY:

NOTE: Begin with most recent employer. *Do not use "see resume."* Please complete in full.

Employer _____ Start Date _____ End Date _____

Address _____ Phone _____

Position _____ Salary _____

Name & Title of last Supervisor _____

Brief description of duties _____

Reason for leaving _____

Foxdale has permission to contact this employer/former employer: ____ Yes ____ No

Employer _____ Start Date _____ End Date _____
Address _____ Phone _____
Position _____ Salary _____
Name & Title of last Supervisor _____
Brief description of duties _____
Reason for leaving _____
Foxdale has permission to contact this employer/former employer: ___ Yes ___ No

Employer _____ Start Date _____ End Date _____
Address _____ Phone _____
Position _____ Salary _____
Name & Title of last Supervisor _____
Brief description of duties _____
Reason for leaving _____
Foxdale has permission to contact this employer/former employer: ___ Yes ___ No

ADDITIONAL INFORMATION:

Have you ever been convicted of a felony or misdemeanor that would fall under Act 169 of 1996 as Amended by Act 14 as defined by the Older Adults Protective Services Act?
_____ Yes ___ No

Have you ever been dismissed from employment due to abuse of clients or residents?
_____ Yes ___ No

Have you ever been placed on the Medicare/Medicaid exclusion list, including but not limited to healthcare fraud or resident abuse?
_____ Yes ___ No

Have you ever been debarred, excluded or otherwise ineligible from participation in a Federal or State health care program?
_____ Yes ___ No

Has any agency ever imposed a sanction against your license? ___ Yes ___ No

List all names which you have been known by, such as alias(s), nickname(s) and maiden name:

If yes for any of the above, please explain: _____

Note: Convictions will not necessarily disqualify applicants from employment. Being under investigation may not preclude you from employment. However, misrepresentation, falsification, or material omission of information may result in failure to receive any offer or, if hired, an immediate dismissal from employment. If you are unsure as to how to answer any of the above questions, please speak with a member of our Human Resources Department prior to submitting the employment application.

PERSONAL REFERENCES (please do not include family members):

Name _____ Phone _____

Relationship _____

Name _____ Phone _____

Relationship _____

Name _____ Phone _____

Relationship _____

Note: By listing contact information above, you are granting Foxdale Village permission to contact the above named references.

APPLICANT STATEMENT:

In the event of employment, I understand that false or misleading information given on my application or interview(s) may result in termination of employment or revocation of employment offer.

Foxdale Village serves as an Equal Opportunity Employer and has a policy of hiring without regard to race, color, religion, disability, ancestry, national origin, age or sexual orientation. I agree to uphold this policy if I am employed by Foxdale Village.

Should an employment relationship be established, I understand that Foxdale Village has the right to terminate my employment with or without cause for any reason at any time. I retain a similar right. Foxdale Village is willing to make reasonable accommodations as business necessity permits in accordance with the Americans with Disabilities Act.

Signature of Applicant

Date