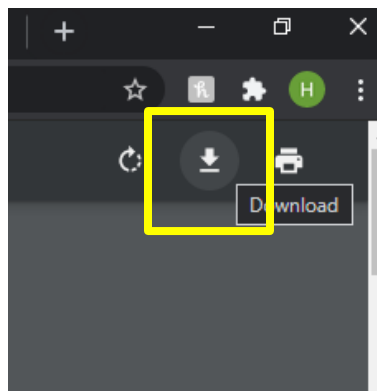


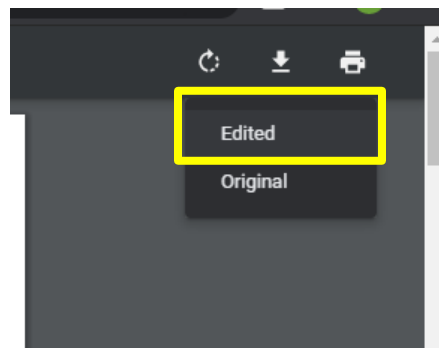
Thank you for applying to **Hidden Springs Senior Living**.

To submit an application, follow these directions:

1. Fill out the entire application by clicking the boxes or using the (tab key) on your keyboard.
2. Select the arrow with a line underneath located on the top right corner of the menu bar. (we have put a yellow square to show you the correct button).



3. Next, select the word "edited" from the drop-down menu to save your information.



4. Save the file on your computer, in order to email.
5. Go to: <https://hiddenspringsseniorliving.com/introduction/featured-personnel/>
6. Select the appropriate department director with whom you are seeking employment and email your completed application.

# EMPLOYMENT APPLICATION



**NOTE:** Please PRINT all information unless otherwise requested.

**TODAY'S DATE:** \_\_\_\_\_

## PERSONAL INFORMATION:

Name: \_\_\_\_\_  
                            Last                            First                            Middle                            Maiden

Present Address: \_\_\_\_\_  
  Street  City  State  Zip

Years at Present Address: \_\_\_\_\_ Current Phone Number: \_\_\_\_\_ Cell or Home?

SSN: \_\_\_\_\_ Are you under 18?                      If yes, age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Desired Position: \_\_\_\_\_ & Desired Salary: \_\_\_\_\_ Yearly or Hourly?

Desired Work Schedule: \_\_\_ Full-Time \_\_\_ Part-Time \_\_\_ Either      Desired Shift:

Days/Hours Available to Work:

No preference:	Monday:	Tuesday:	Wednesday:
Thursday:	Friday:	Saturday:	Sunday:

How many hours are you available to work each week? \_\_\_\_\_ Date Available: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## EDUCATION:

Type of School	Name of School	Location (Complete mailing Address)	Years Completed	Major or Degree
High School				
College				
Bus. or Trade School				
Professional School				

## CRIMINAL INFORMATION:

Have you ever been convicted of a crime? \_\_\_ No \_\_\_ Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation:

\_\_\_\_\_

Offering Something DIFFERENT in Senior Living

973 Buck Mountain Rd., Bentonville, VA 22610 (540) 636-2008 [www.hiddenspringsseniorliving.com](http://www.hiddenspringsseniorliving.com)

# EMPLOYMENT APPLICATION



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## DRIVING LICENSE INFORMATION:

Do you have a Drivers License?  Yes  No If Yes:

State of Issue: \_\_\_\_\_ License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

License Type:  Operator  Commercial (CDL)  Chauffeur

**NOTE:** You will be asked to provide your Driver's License and Social Security card so that HSSL can photo copy it.

What is your means of transportation to/from work?

## MILITARY HISTORY:

Have you ever been in the armed forces?  Yes  No

Are you currently a member of the National Guard?  Yes  No

Specialty: \_\_\_\_\_ Date Entered: \_\_\_\_\_ Date Discharged: \_\_\_\_\_

## NURSING EXPERIENCE:

Licensed (check all that apply):

RN  LPN  CNA  NA  Reg Med Tech  CPR  First Aid

**NOTE:** You will be required to provide copies of all documentation/certification(as) prior to being considered for a nursing position.

## OFFICE EXPERIENCE:

Personal Computer (PC):  Yes  No

MS Windows Applications?  Excel;  Word:  Access:  Email (Outlook) or Other: \_\_\_\_\_

Other Office Skills: \_\_\_\_\_

# EMPLOYMENT APPLICATION



**REFERENCES** - Please list two references other than relatives or friends.

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____ _____	Address _____ _____
Telephone (____) _____	Telephone (____) _____

**ADDITIONAL INFORMATION** - Use the space below to provide additional information necessary to describe your full qualifications specific to the position you are seeking.

# EMPLOYMENT APPLICATION



**WORK EXPERIENCE** – Please list your work experience for the past five years beginning with the most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

<b>Employer Information (Most recent):</b>	<b>Name of Supervisor</b>	<b>Employment Dates</b>	<b>Pay or Salary</b>
Name:			
Address:		From:	Start:
City/State/Zip:		To:	Final:
Phone Number:	Last job title:		
Reason for Leaving (be specific):			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

<b>Employer Information:</b>	<b>Name of Supervisor</b>	<b>Employment Dates</b>	<b>Pay or Salary</b>
Name:			
Address:		From:	Start:
City/State/Zip:		To:	Final:
Phone Number:	Last job title:		
Reason for Leaving (be specific):			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

<b>Employer Information:</b>	<b>Name of Supervisor</b>	<b>Employment Dates</b>	<b>Pay or Salary</b>
Name:			
Address:		From:	Start:
City/State/Zip:		To:	Final:
Phone Number:	Last job title:		
Reason for Leaving (be specific):			

# EMPLOYMENT APPLICATION



List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Employer Information:	Name of Supervisor	Employment Dates	Pay or Salary
Name:		From:	Start:
Address:		To:	Final:
City/State/Zip:		Last job title:	
Phone Number:			

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Have you ever worked for Hidden Springs Senior Living before? \_\_\_\_\_

May we contact your present employer?  Yes  No

Did you complete this application yourself?  Yes  No If not, who did? \_\_\_\_\_

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
 (Signature required)

**NOTE:** Your signature grants HSSL permission to: 1). Test you for TB, 2) Conduct a criminal background check, 3) Perform a drug and alcohol screening.

Favorable results of these tests considers you for employment but does not guarantee it.