



Have you been a resident of Pennsylvania for the past two years? [ ] Yes [ ] No

Are you currently employed? [ ] Yes [ ] No

If yes, may we contact your employer? [ ] Yes [ ] No

Are you legally eligible for employment in the United States? [ ] Yes [ ] No  
(Verification of legal right to work will be required upon employment)

Can you perform the essential functions of the job for which you are applying, with or without reasonable accommodation? [ ] Yes [ ] No

Do you understand that you must comply with our pre-employment drug and alcohol screen? [ ] Yes

Do you understand you must receive the flu shot every year? [ ] Yes

How did you find out about White Horse Village?

- Advertisement (newspaper/professional magazine/print)
- Internet/WHV  Internet/Craig's List  Internet/Other
- Walk-in
- Job Fair
- Family member referral: Name \_\_\_\_\_
- Former team member referral: Name \_\_\_\_\_
- Current team member referral: Name \_\_\_\_\_
- Other: \_\_\_\_\_

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**EDUCATION**

Name and Location	Years Completed	Course of Study	Degree Earned
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High School

College or Trade School

Other Training or Course Work

Nurses and Certified Nursing Assistants, please list license or certificate # and state obtained:

\_\_\_\_\_



WHITE HORSE VILLAGE
Reference Verification Form

Dear Applicant,

Please sign the reference verification forms stating that you authorize White Horse Village to request information from a former employer or personal reference. White Horse Village is required to have a minimum of two reference verifications to stay in compliance with state law.

I, \_\_\_\_\_, authorize my former employer(s) or personal reference(s) to furnish White Horse Village with the information requested on this form. Please be assured that any information your reference(s) supply will be held in strictest confidence.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

For office use only below this line

Name of: [ ] Former employer or [ ] Personal reference

Title of former supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of previous place of employment: \_\_\_\_\_

Applicants previous job title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Table with 5 columns: Category, Good, Average, Poor, Comments. Rows include Reliability, Punctuality, Work Attitude, Cooperation, Overall Ability, and Attendance.

Separation from employment because: \_\_\_\_\_

Would you rehire? [ ] Yes [ ] No

Additional comments: \_\_\_\_\_

3/2011 \_\_\_\_\_ Signature of Team Member making inquiry \_\_\_\_\_ Date



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Additional comments: \_\_\_\_\_

3/2011 \_\_\_\_\_ Signature of Team Member making inquiry \_\_\_\_\_ Date

**WORK HISTORY** - Please list the following information starting with the most recent:

1. Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Job title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates employed: From \_\_\_\_\_ To: \_\_\_\_\_

Starting salary: \_\_\_\_\_ Ending salary: \_\_\_\_\_

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

2. Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Job title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates employed: From \_\_\_\_\_ To: \_\_\_\_\_

Starting salary: \_\_\_\_\_ Ending salary: \_\_\_\_\_

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

3. Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Job title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates employed: From \_\_\_\_\_ To: \_\_\_\_\_

Starting salary: \_\_\_\_\_ Ending salary: \_\_\_\_\_

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

**REFERENCES** - Please list three individuals not related to you, whom you have known at least one year. References help us to make the right hiring decisions. We contact previous employers first, then we contact personal references.

	Name	Email Address	Phone	Years Known
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
4.	_____	_____	_____	_____

**WAIVERS AND DISCLOSURES**

Please read each section carefully and initial where indicated.

**AT-WILL EMPLOYMENT**

It is my understanding that this employment application, or the granting of an oral interview, does not represent a contract of employment or a promise of future benefits by WHV. I understand and agree that, if hired, my employment will be at-will in nature and may be terminated, with or without cause, at any time, by either myself or my employer. I also understand that this written statement supersedes any and all oral representations made by agents or representatives of this organization.

\_\_\_\_\_ (Initial)

**CERTIFICATION OF TRUTH AND ACCURACY**

I certify that the information in this application is true, complete and correct. I understand that false answers, statements, or significant omissions made by me on this form may lead to denial of employment or discharge.

\_\_\_\_\_ (Initial)

**NOTIFICATION AND AUTHORIZATION TO REQUIRE  
A MEDICAL EXAMINATION**

I hereby certify that, if hired, I will disclose any limitations I have that impact my ability to do the essential functions of the job. I understand that I will be required to undergo a post offer/pre-employment medical exam by either WHV’s designated health practitioner or my own health practitioner. I also understand that WHV mandates the flu shot and I must receive this annually (medical or religious exceptions only).

\_\_\_\_\_ (Initial)

**SMOKE AND DRUG FREE WORKPLACE**

WHV is a smoke-free AND drug free facility and I understand that I will be required to comply with our pre-employment controlled substance and alcohol testing policy.

\_\_\_\_\_ (Initial)

**NOTIFICATION AND AUTHORIZATION TO CONDUCT  
A BACKGROUND INVESTIGATION**

A Criminal Record Background Investigation Report must be obtained for all employees hired. By my signature below I affirm that I have been advised that as a condition of employment, criminal history background clearance must be obtained from the Pennsylvania State Police and/or Federal Bureau of Investigation. I understand that passing the background check and pre-employment drug and alcohol screening is a condition of employment. A negative result can be grounds for dismissal, even if an offer has been made to me and I have been hired.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_