



# STILL HOPES

Episcopal Retirement Community

## Application for Employment

We are an Equal Opportunity Employer. This is not a contract for employment.  
Applications are kept on file for 12 months.

### PERSONAL INFORMATION

Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

Last First M.

Home Phone (\_\_\_\_) \_\_\_\_-\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_-\_\_\_\_

Current Address Street City State Zip Code

Previous Address Street City State Zip Code Years

### EDUCATION AND MILITARY SERVICE

High School \_\_\_\_\_ City / State \_\_\_\_\_ Degree \_\_\_\_\_

College \_\_\_\_\_

Vocational \_\_\_\_\_

Have you ever served in the U.S. Armed Forces? Yes \_\_\_\_ No \_\_\_\_ If yes, what branch?

Military Service \_\_\_\_\_  
Branch / Rank \_\_\_\_\_ Date Entered \_\_\_\_\_ Date Discharged \_\_\_\_\_

### EMPLOYMENT INFORMATION

Job Position Desired \_\_\_\_\_ Date Available for Employment \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you available to Work Monday Through Friday? Yes (\_\_\_\_) No (\_\_\_\_)

Wage Desired \$ \_\_\_\_\_ / Per Hour

Are you available to Work Weekends? Yes (\_\_\_\_) No (\_\_\_\_)

Are you available to Work? Overtime: Yes (\_\_\_\_) No (\_\_\_\_) Holidays: Yes (\_\_\_\_) No (\_\_\_\_)

Shifts: Yes (\_\_\_\_) No (\_\_\_\_) Days: Yes (\_\_\_\_) (\_\_\_\_) Nights: Yes (\_\_\_\_) No (\_\_\_\_)

Are you at least 18 years of age and legally eligible for work in the U.S.? Yes (\_\_\_\_) No (\_\_\_\_)

HOW DID YOU HEAR ABOUT STILL HOPES

Still Hopes Website       Career Builders       Walk-In  
 Newspaper       Referred by: \_\_\_\_\_       Other: \_\_\_\_\_

Have you ever applied or been employed by Still Hopes? \_\_\_\_\_

Have you ever been discharged from a job? (If yes, please explain)    Yes (  ) No (  )  
\_\_\_\_\_

Names of relatives or friends employed at Still Hopes? \_\_\_\_\_

*For Nursing Assistants Only:*

Are you South Carolina DHEC Certified?    Yes \_\_\_\_\_ No \_\_\_\_\_

Certification Number \_\_\_\_\_ Date Certified \_\_\_\_/\_\_\_\_/\_\_\_\_

*For Licensed Nurse Only: State Board of Nursing for South Carolina*

RN License Number \_\_\_\_\_ LPN License Number \_\_\_\_\_

Expires \_\_\_\_/\_\_\_\_/\_\_\_\_      Renewal Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Do you now or have you ever had restrictions or disciplinary action taken on your license?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain  
\_\_\_\_\_

REFERENCES: (Do not list relatives)

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name

Address and Phone Number

Occupation

*Please answer the following questions if the position you are applying for requires driving a motor vehicle:*

Do you have a valid driver's license?      Yes (  ) No (  )

Have you been convicted or pled guilty to a traffic related offense within the past five years?

Yes (  ) No (  )

Have you had your driver's license suspended or revoked or had your driving privileges modified by a court of law?      Yes (  ) No (  )

MAY WE CONTACT YOUR CURRENT EMPLOYER? YES (\_\_\_) NO (\_\_\_)

<b>Name of Employer (Current)</b>  Address  City, State, Zip  Telephone Number ____/____/____	Name of Last Supervisor:	Employment Dates:  From ____/____/____  To ____/____/____	Hourly Rate or Salary Range  Starting Pay \$_____  Ending Pay \$_____
Position Held:	Reason for Leaving:		
List the jobs you held, duties performed, skills used or learned, advancements/promotions while you worked at this company. 1)  2)  3)			

<b>Name of Employer (Previous)</b>  Address  City, State, Zip  Telephone Number ____/____/____	Name of Last Supervisor:	Employment Dates:  From ____/____/____  To ____/____/____	Hourly Rate or Salary Range  Starting Pay \$_____  Ending Pay \$_____
Position Held:	Reason for Leaving:		
List the jobs you held, duties performed, skills used or learned, advancements/promotions while you worked at this company. 1)  2)  3)			

<b>Name of Employer (Previous)</b>  Address  City, State, Zip  Telephone Number ____/____/____	Name of Last Supervisor:	Employment Dates: From ____/____/____ To ____/____/____	Hourly Rate or Salary Range  Starting Pay \$_____ Ending Pay \$_____
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Position Held:	Reason for Leaving:
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List the jobs you held, duties performed, skills used or learned, advancements/promotions while you worked at this company.

- 1)
- 2)
- 3)

What other work experiences have you had since attending high school? Please list

- 1)
- 2)
- 3)

Use this space to list any special skills, professional licenses, certifications, etc. you may have that may relate to the position applied for:

**Specialized Skills (Check skills / equipment operated)**

<input type="checkbox"/> Calculator <input type="checkbox"/> Copier <input type="checkbox"/> Computer Skills <input type="checkbox"/> Microsoft Outlook <input type="checkbox"/> Microsoft Word <input type="checkbox"/> Microsoft Excel	<input type="checkbox"/> Work Keys Certificate Indicate Level: <input type="checkbox"/> Gold <input type="checkbox"/> Silver <input type="checkbox"/> Bronze	<input type="checkbox"/> HVAC Certified <input type="checkbox"/> Plumbing/Electrical Certified <input type="checkbox"/> Certification (CNA) <input type="checkbox"/> LPN License <input type="checkbox"/> RN License _____
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Please read and sign

1. I understand that receipt of this application does not mean that I will be employed.
2. I authorize the investigation of all statements contained in this application and release from all liability any persons or employers supplying such information, and I also release Still Hopes Episcopal Retirement Community from all liability that might result from making the investigation.
3. I certify that the facts and information set forth in this application are true and compete to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of facts on this application (or on any required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.
4. I agree, if I am offered and accept a position, to conform to all existing and future Company rules and regulations and I understand that Still Hopes Episcopal Retirement Community reserves the right to change wages, hours and working conditions as deemed necessary. I ALSO UNDERSTAND THAT, IF HIRED MY EMPLOYMENT WILL BE AT-WILL, MEANING THAT EITHER PARTY CAN END THE EMPLOYMENT RELATIONSHIP AT ANY TIME AND FOR ANY REASON OR NO REASON.
5. I understand that any employment offer is contingent upon my providing, within three (3) working days of employment, valid proof of identify and eligibility to work in order to comply with the Immigration Reform and Control Act of 1986.
6. I have read and reviewed the information provided in the application and the above statements. By signing this application for employment I certify that I understand all parts of it and have answered all questions completely.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Drug-Free Workplace Policy  
Consent and Release Form

I, the undersigned, do hereby give my consent to Still Hopes Episcopal Retirement Community together with Lexington Occupational Health, to perform appropriate test on me for drugs and/or alcohol. I agree to submit a urinalysis drug screen and, if required, a test for alcohol as part of the pre-employment, post-offer procedures for hire.

I give my consent to release Still Hopes Episcopal Retirement Community, or its designated agents, the results of any medical test or medical procedures to determine the presence and/or level of drugs.

I further agree that after employment I will comply with the Drug-Free Workplace Policy of Still Hopes including Drug and/or Alcohol screening on a random basis and where reasonable cause, as defined in this policy, exists.

I realize that my refusal to sign this form constitutes a violation of the stated policy of Still Hopes Episcopal Retirement Community. A copy of this consent form shall be valid as an original.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date