



Application for Employment

Thank you for your interest in a career with The Bridges at Warwick. To submit this application electronically, please visit www.thebridgesatwarwick.com/careers. To submit the application by mail, please send it to:

The Bridges at Warwick
c/o: Business Office Manager
1600 Almshouse Road
Jamison, PA 18929

Date of Application: _____ Position of Interest: _____

Personal Information

Name: _____

Address: _____ City, State, Zip: _____

Telephone: _____ Email: _____

Have you lived in any other states or territories of the United States within the past two years? Yes No

If yes, please list where and give dates of residency: _____

Are you under 18 years of age? Yes No
If under 18 years of age, a work permit is required.

Are you legally authorized to work in the United States on an unrestricted basis? Yes No
Proof of U.S. Citizenship or immigration status will be required upon employment.

Have you ever been convicted of a crime? Yes No
Conviction will not necessarily disqualify an applicant for employment.

Felony Misdemeanor Nature of crime: _____

Have you ever been employed by this facility? Yes No
If yes, please give date(s) of employment: _____

Celebrated Senior Living!



Education & Training

	Name & Location	Did You Graduate?	Degree Earned	Course of Study
High School				
College				
Other				

Professional Licensure/Certification

All registered, licensed and certified employees must submit proof to employer upon employment.

Type of License or Certification	Issuing State or Organization	Number	Effective Date	Expiration Date

Employment History

Please list your job history for the past 10 years or your last four employers, starting with your present or most recent employment.

From (mo/yr):	Employer Name:			
To (mo/yr):	Address:			
Last Salary: \$	Supervisor Name:		Phone:	
Position Held:		Reason for Leaving:		
Responsibilities:				
From (mo/yr):	Employer Name:			
To (mo/yr):	Address:			
Last Salary: \$	Supervisor Name:		Phone:	
Position Held:		Reason for Leaving:		
Responsibilities:				
From (mo/yr):	Employer Name:			
To (mo/yr):	Address:			
Last Salary: \$	Supervisor Name:		Phone:	
Position Held:		Reason for Leaving:		
Responsibilities:				
From (mo/yr):	Employer Name:			
To (mo/yr):	Address:			
Last Salary: \$	Supervisor Name:		Phone:	
Position Held:		Reason for Leaving:		
Responsibilities:				

Additional Information

Why are you interested in working for The Bridges at Warwick?

Please describe any training or special skills you possess that are applicable to the position for which you are applying.

Are you presently employed? Yes No

May we contact your present employer? Yes No

Have you ever worked in an assisted living/personal care or other healthcare facility before? Yes No

If yes, where? What was your title? _____

Do you have relatives currently employed at this community? Yes No

If yes, in which departments? _____

Are you interested in: Full-time Part-time (How many hours per week? _____) Temporary

If temporary, please explain: _____

Are there any hours during the day when you would not be available for work at The Bridges at Warwick? Yes No

If yes, please specify: _____

Are you willing to work on the weekends? Yes No

What time do you prefer to work? Day Evening Night Other

Have you ever been discharged from any place of employment? Yes No

If yes, please provide details: _____

Have you ever been discharged from any place of employment due to abuse of residents or clients? Yes No

If yes, please provide details: _____

What do you consider an acceptable salary for this position? \$ _____

References

Please list three professional references who are not relatives.

Name	Occupation	Address	Telephone	Years Known
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Policy of Non-Discrimination

The Bridges at Warwick maintains a policy of non-discrimination for all employees and applicants in every facet of the company's operations. In compliance with federal and state laws, The Bridges at Warwick provides equal opportunities at all levels of employment without unlawful discrimination on the basis of race, color, sex, age, religious creed, marital status, citizenship, national origin, disability or veteran status.

Applicant's Certification & Acknowledgement

Please note that anyone submitting this application electronically will be required to sign their employment application in person.

- I certify that the information contained in this application is correct to the best of my knowledge. I further understand that falsification, misrepresentation or omission of facts is sufficient cause for rejection of this application or discharge if I am later employed.
- I understand that all statements made here are subject to verification by The Bridges at Warwick. I authorize and consent to any person or organization referenced in this application to furnish The Bridges at Warwick with any and all information concerning my previous employment, education, or any other information pertaining to me upon their request. I release from all liability or responsibility all persons or organizations supplying such information. For purposes of verification, a photo copy of this authorization shall be considered an original and valid.
- If employed, I understand that I will be an employee "at will" and either The Bridges at Warwick or I may terminate the employment relationship at any time with or without notice. I acknowledge that any offer of employment, or my acceptance of such, may be withdrawn, with or without cause, and with or without prior notice, at any time, at the option of The Bridges at Warwick or myself. I understand that this application and any other documents which I may receive are not contracts of employment and that no representative of The Bridges at Warwick other than the president has the authority to enter into any agreement for employment for any specified period of time.
- I agree to comply with The Bridges at Warwick's rules, regulations and policies, and acknowledge that these rules, regulations and policies may be changed, interpreted, withdrawn, or supplemented at any time and without prior notice to me.
- I represent and warrant that I have not been excluded from or sanctioned by the federal government health care benefits program, including, but not limited to, Medicare, Medicaid or the Federal Retired Railway Workers Benefit Program.
- I understand that in order to safeguard the residents, the following pre-employment checks are performed at our community:
 - Reference checks
 - Criminal background check
 - Post-offer/pre-employment substance abuse screen
 - Post-offer/pre-employment physical
 - Verification of licensure/certification where applicable

I have read and fully understand the contents of this Certification & Acknowledgement.

Signature: _____ Date: _____