EMPLOYMENT APPLICATION

Thank you for your interest in working with The Preserve! Please complete this application in its entirety and submit to dwagner@preservementor.com.

Applicant Information

Full Name (Last, First, Middle Initial)		Application Date
Street Address		Apt/Unit #
City	State	ZIP Code
Phone Number	Email Address	

Position of Interest & Availability

Position Applied For		Desired Pay
How Did You Hear About Us? Ex: Online Ad, Walk-In, Employee Referral (include name), Other		Date Available to Start Work
Time Availability (Check All That Apply) ☐ Full Time ☐ Part Time ☐ PRN	How Did You Hear About Us?	
Have You Been a PA Resident for the Past Two Years? ☐ No ☐ Yes	Are You Legally Eligible for Employment in the United States? ☐ No ☐ Yes	

Were You Previously Employed by Cardinal Senior Living?
☐ No ☐ Yes - Explain Where/When:

If You Are Under 18, Can You Furnish a Work Permit?
☐ No ☐ Yes

Have You Ever Been Convicted of a Crime? (Do not include convictions sealed or expunged pursuant to a court order.)
☐ No ☐ Yes - Please Explain:

Education - Licenses - Honors

High School Name & Location	Years Completed	Graduated?	Course of Study
College Name & Location	Major	Graduated?	Degree
Other Education - Ex: Trade School (Include Location), Conferences, Workshops, Seminars			
Licenses & Certifications			

Military Service

Branch	Dates Served	Rank at Discharge
Type of Discharge (Please Include Explanation if Discharge was not Honorable)		

Employment History

Company (Please List Most Recent Employment Information First)			
Address			Phone
Job Title		Employed From	Employed To
Responsibilities		Starting Salary	Ending Salary
Reason for Leaving	Supervisor	May We Contact Your Previous Supervisor for a Reference? ☐ Yes ☐ No - Explain:	
Company			
Address			Phone
Job Title		Employed From	Employed To
Responsibilities		Starting Salary	Ending Salary
Reason for Leaving	Supervisor	May We Contact Your Previous Supervisor for a Reference? ☐ Yes ☐ No - Explain:	
Company			
Address			Phone
Job Title		Employed From	Employed To
Responsibilities		Starting Salary	Ending Salary
Reason for Leaving	Supervisor	May We Contact Your Previous Supervisor for a Reference? ☐ Yes ☐ No - Explain:	

Professional References

Please list individuals who are NOT related to you whom you have known for at least 2 years

Full Name	Phone	Years Known
Full Name	Phone	Years Known
Full Name	Phone	Years Known

the PRESERVE SENIOR LIVING

Disclaimer & Signature	
The Employer is an Equal Opportunity Employer and does not discriminate in employment on the basis of age, sex, race, color, national origin, ancestry, citizenship, disability, or liability for service in the armed forces of the United States. This application is not used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law. I understand that any misrepresentation and/or omission of facts called or on my employment application and/or resume submitted, is cause for rejection or employment, to include subsequent dismissal from employment. I understand that this application is current for only 6 months. At the conclusion of this time, if I have not heard from Cardinal Senior Living and still wish to be considered for employment, I understand that it will be necessary to complete a new application. I assert that I have no history of and have never been convicted of a violent crime and have never been dismissed from employment for abuse, neglect, or mistreatment of residents or clients. I understand that Cardinal Senior Living will complete a criminal background check and, if necessary, an FBI clearance on me. I further understand that my employment is contingent upon the results of those clearances meeting the employment guidelines of the PA Department of Human Services and the PA Office of Aging. I authorize Cardinal Senior Living to conduct an investigation of my background, as it pertains to employment history, criminal history, education verification, and a Motor Vehicle Record Report from any and/or all states. I specifically authorize the company to make any necessary contacts to the aforementioned investigations and give my permission to have any records and/or information released either verbally, in writing, or electronically to the company. Information obtained or reported by any agency and/or entity will be treated in a sensitive and confidential manner. I understand that representatives of the company will obtain this information on a need-to-know basis. I do herby remise, release, waive, and forever discharge each of the above named companies/ corporations/agencies/entities, their respective agents, officers, and employees from any and all actions or cause of action, claim, demand or liability which I have now, or may ever have as a result of conducting an investigation of my background. I also agree to hold each of the above, from any claims I might otherwise have against them, for any damages and/or liability to me, resulting from any disclosures and of its results, and any conclusions drawn there from.	
Applicant Signature	**Date**