

Application Submission Instructions

Heritage House of Shelbyville

We recommend using [Adobe Acrobat Reader](#) for best results.

Application submission instructions:

Step 1: Save the application to your computer and rename the file "your name_application.pdf".

Step 2: **Open and fill out the application in Adobe Acrobat Reader.** **NOTE: Your web browser may open the application pdf in a separate window. Do NOT use your web browser to complete the application. Many web browser are unable to save the information you submit.**
– Applications may also be printed and filled out by hand if desired.

Step 3: After completing your Employment Application save your application to your computer by clicking the "Save Application" button on the last page or by using Adobe Acrobat Readers "File / Save As" command.

Step 4: Open your saved application to confirm your information was saved. Print a copy for your records.

Step 5: Submit your completed application through one of the follow options:

Email: hr_shelbyville@heritagehousein.com

– *If submitting your application via email please include your name and contact information in the body of your email.*

Fax: (317) 398-6840

Mail: Heritage House of Shelbyville
Attn: HR Department
2309 S. Miller St.
Shelbyville, IN 46176

APPLICATION FOR EMPLOYMENT

Heritage House of Shelbyville is an equal opportunity employer. Applicants are considered for employment without regard to race, color, national origin, religion, sex, age, disability, or any other basis prohibited by law, unless such basis constitutes a *bona fide* occupational qualification. Heritage House of Shelbyville will comply with its legal obligation to provide reasonable accommodation to qualified disabled applicants.

PLEASE PRINT **General Information**

Name: _____
Last First Middle

Address: _____
Number Street City State Zip Code

How long at this address: _____ If you have resided at this address less than one year, or if it is a temporary address, list your prior address:

Address: _____
Number Street city state Zip Code

Current Telephone: (____) _____ Permanent Telephone (____) _____
Area Code Area Code

Social Security Number _____ - _____ - _____

Position Sought

Position(s) Desired: _____ Salary Desired: _____

Are you available to work: Full-Time Part-Time PRN

On what date would you be available for work? _____

How were you referred to employment with us? _____

Qualifications

Are you a U.S. Citizen or an alien legally entitled to work in the position(s) for which you have applied? Yes No *Federal law requires applicants to present certain documentation to verify their identity and United States citizen status or, if an alien, their legal authorization to work in the United States.*

Are you 18 years of age or older? Yes No. If no, date of birth: _____

(Application continues on back Please complete)

Please list all employers over the past 10 years including contact information, job responsibilities, and beginning and ending salaries. You may attach an additional sheet if necessary. Also, include job-related military service assignments and volunteer activities to reflect your qualifications for employment.

| | | |
|-----------------------|----------------------|---------------------|
| Employer | Employment Dates | Work Performed: |
| | From: | |
| Address | To: | |
| Telephone () | Salary / Hourly Rate | Reason for Leaving: |
| Job Title | Starting: | |
| Immediate Supervisor: | Final: | |
| Employer | Employment Dates | Work Performed: |
| | From: | |
| Address | To: | |
| Telephone () | Salary / Hourly Rate | Reason for Leaving: |
| Job Title | Starting: | |
| Immediate Supervisor: | Final: | |
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| | From: | |
| Address | To: | |
| Telephone () | Salary / Hourly Rate | Reason for Leaving: |
| Job Title | Starting: | |
| Immediate Supervisor: | Final: | |

Registries:

Board Status: Certified/Date Received: _____

Registry Eligible: _____ Test Date: _____

State License(s): _____

Certification Numbers: _____

May we contact the employers listed above? Yes No

If no, indicated which one(s) you do NOT wish us to contact, and state the reason why you prefer that we do not contact the employer(s).

(Application continues on back. Please complete.)

State any additional information you feel would be helpful in considering your application.

Applicant's Statement

Please indicate that you have read and that you understand each paragraph of the Applicant's Statement by placing your initials beside each paragraph

_____ I certify that this application was completed by me and that all entries on it and all information in it are TRUE and COMPLETE to the best of my knowledge. I understand that false, misleading, or omitted information in my application may disqualify me from employment or result in discharge.

_____ I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In making this application for employment, I understand that an investigation may be made and information may be obtained through interviews with the personal references and past employers listed. This inquiry may include information as to my character, general reputation, and personal characteristics, as well as information about my work performance and workplace conduct. I consent to this investigation and to the consideration of any statements of references or former employers that are given in response to the inquiry.

_____ I hereby release all parties, including but not limited to Heritage House of Shelbyville, personal references, and previous employers, from and all liability for any injury or damage that may result from their furnishing information to Heritage House of Shelbyville concerning me or any action Heritage House of Shelbyville takes on the basis of such information.

_____ I agree to submit to a medical examination, including drug testing, if required, and understand that any offer of employment is contingent upon the results of that examination.

_____ I hereby authorize any doctor, hospital, clinic, laboratory, or other medical facility to furnish any medical information, with reference to me as may be necessary for the consideration of this application. I understand that this consent to release of medical records is revocable, in writing, by me at any time.

_____ I understand that this application is not to be intended to be, a contract of employment and that any resulting employment relationship is for no fixed period of time and is terminable at any time and for any reason by Heritage House of Shelbyville, or by me. I further understand that statements which may be contained in policies, practices, handbooks, or other Heritage House of Shelbyville material do not create any guarantee of employment and that Heritage House of Shelbyville has the right to modify, amend, or terminate policies, practices, benefits plans, or other programs within the limits and requirements imposed by law. I understand that no representative of Heritage House of Shelbyville, other than an officer, has the authority to enter into any agreement for any specific period of time or to make any agreement contrary to the foregoing and that any such agreement must be in writing to be binding on Heritage House of Shelbyville.

Signature of Applicant

Date

THIS APPLICATION WILL NOT BE CONSIDERED ACTIVE AFTER THREE MONTHS