On behalf of the residents, family members, team members and leadership here at The Wyndmoor, thank you for considering us for your employment! We recognize that there are other choices of employment and we hope to make the hours that you spend away from your family and friends rewarding.

We hope that you find The Wyndmoor different than other places you have worked. We live our Values here every day. We have a strong sense of community and feel strongly that everyone matters. This People First mentality means that every one of our residents, regardless of their abilities, diagnoses or peculiarities, has something to contribute to our community. It also means that you, along with every other one of our team members, has a purpose and contributes to our community. We encourage you to please say something to a Leadership Team Member if something is not and help contribute ideas to fix it. If you see a resident or family member who is struggling, spend time with them. If you or a team member needs help personally or professionally, let us know so we can be part of the solution. Each of us holds a piece of the puzzle that will make The Wyndmoor not only a home for our seniors but rather a community for each of us.

The application is the first step in our hiring process. Other elements may include but are not limited to: interview, education and licensure verification, reference checks, and skills and abilities testing. If offered a position, other post-offer conditional components may also be necessary such as proof of appropriate health status, successful completion of criminal background screening, successful completion of drug testing and submission of documents verifying work eligibility.

Pursuant to Title VII of the Civil Rights Act of 1964 (42 U.S.C 2000d et seq.) and 45 C.F.R. Part 80, Section 504 of the Rehabilitation Act of 1973 as amended (29 U.S.C 794) and 45 C.F.R. part 84. The American Disabilities Act and the Age Discrimination Act of 1975 (42 U.S.C.6101 et seq.) and 45 C.F.R. Part 91, this Company adheres to an Equal Opportunity policy for all persons seeing admission as clients or seeking employment, and for all persons employed by this Company. This Company does not discriminate because of age, race, color, national origin, religion, sex, disability or being a qualified disabled veteran or qualified veteran of the Vietnam era or other category as protected by law.

Criminal Background Check and Reference Check Authorization

In connection with my application for employment, I understand and agree that background inquiries, including a criminal background check, may be requested that will seek information as to my character, work habits, including oral and/or written assessments of my job performance, experience and abilities, along with the reasons for termination of past employment.

This company has my consent to review my previous employment by calling, faxing, e-mailing or mailing my previous employers, supervisors and others in order to assist with an employment decision. I hereby give my consent and authorize my previous employers or any other references to respond and release the information requested by this company regarding my previous employment. I release my previous employers and this company from all liability in connection with this information.

I hereby give my consent and authorization for this company to complete a criminal background check, as required by the State Department of Health for employment.

ignature		Date		
Last Name	First Name		Middle	Name
Social Security Number		Date of	Birth	
Current Address	City	State		Zip Code
Former Name			Dates	
Former Name			Dates	
Former Address			Dates	
Former Address			Dates	

Application for Employment

Name(Last, First, Middle)						Today's Date:		Date Available for Work;		
Street Address		City	,	State		Zip Code	Preferred	Preferred Position: Preferred S		Shift/Schedule:
Home Phone:		Cell Phon	e:		Other Pho	one:	Email:		Preferred Wage:	
Are you legally eligib	le for emplo	yment in t	his country	(US citizen c	r Alien aut	horized to v	vork in the	US?		
Have you ever works	ed here or a	t an affiliat	ed location?)		If so, whic	h location i)		
Are any of your relat	ives employ	ed by this				se list name				
			ve an allergy to latex?			Are you currently using a controlled substance?				
Have you ever been If so, please explain:			icluding felo	onies and mi	sdemeano	rs, or have u	nresolved	criminal mat	tters?	
					Work Hist	orv				
Start Date:	End Date:		Rate of Pa	ıy;	Position:			Supervisor	::	
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					Education	1				
High School						Graduation	Date	Diploma or	GED	
College	Location		Major			Graduation	Date	Degree Ach	ieved	
Other School	Location Major or C		ourse of Study Grad		Graduation	aduation Date Diploma/		Degree/Certificate		
License/Certification		State N		Number			Expiration Date			
license/Certification			State		Number				ate	
CPR Expiration Date	····		First Aid Ce	rtification E	xpiration D	ate	Other Cert	ification:		

I hereby affirm that the information provided on this application (and accompanying resume if applicable) is true and complete. I understand that any false or misleading representations or omissions made on the application or during the hiring process may disqualify me from further consideration for employment and may result in discharge even if discovered at a later date.

I understand that employment may be conditioned upon successfully passing a medical examination and that I may be required to satisfactorily complete a drug screening as a condition of employment. I also understand that employment may also be conditioned upon outcome of a criminal background check and reference checks completed by this company or its associates.

I hereby authorize persons such as schools, my current employer, previous employers and other organizations to provide this company and its affiliates with any requested information regarding my application or suitability for employment, and I completely release all such persons or entities from any and all liability related to the providing or use of such information.

I understand that my employment is at will which means that I may terminate the employment relationship at any time and for any reason with or without notice, and that the company has the same right. I understand that no one has the authority to enter into any agreement contrary to the proceeding sentence.

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Signature	Date
1	Date