



120 West Main Street, Waynesboro, Pennsylvania 17268
Phone 717-749-0083 Fax 717-749-3773

EMPLOYMENT APPLICATION

THE LELAND OF LAUREL RUN IS AN EQUAL OPPORTUNITY EMPLOYER. QUALIFIED APPLICANTS ARE CONSIDERED FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL STATUS, VETERAN STATUS, OR PHYSICAL OR MENTAL HANDICAP OR DISABILITY.

Please Print

Date of application: _____

Name: _____
Last First Middle

Social Security No. ____/____/____

Present Address:

No. and Street _____

City _____ State _____ Zip Code _____

Phone: Home _____ Other _____

Have you lived in the state of PA two years or longer? Yes No

Have you ever pleaded guilty or been convicted of a criminal offense? Yes No

If "Yes", explain: _____

NOTE: Convictions are not an automatic bar to employment. All circumstances will be considered.

Military Record

Were you in the U.S. Armed Forces? Yes No

What branch? _____

Employment Desired

Position applied for: _____

Shift you prefer: Days _____ Evenings _____ Nights _____

Will you be able to rotate shifts, if necessary? Yes No

Type of employment desired:
 Full Time
 Part Time
 Temporary
 Summer

Date you can start _____
Month Day Year

How did you hear about The Leland of Laurel Run? _____

Do you have any relatives in this facility? Yes No

Name _____ Relationship _____ Department _____

Name _____ Relationship _____ Department _____

Personal References

Do not list relatives.

Name	Address	Phone	Years Known

State any additional information you feel may be helpful to us in considering your application.

In case of an emergency, notify:

Name: _____ Relationship: _____

Address: _____ Telephone: _____

AGREEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand that I am required to abide by all rules and regulations of The Leland of Laurel Run.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with The Leland of Laurel Run is of an 'at will' nature, which means that the employee may resign at any time and The Leland of Laurel Run may discharge the employee at any time with or without cause. It is further understood that this 'at will' employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized agent of The Leland of Laurel Run.

Signature of Applicant

Date



Pre-Hire Request Time Off Form

All requests must be completed & returned during orientation.

Employee Name: _____

Department: _____

Dates Requested Off: _____

Please note that days requested off during your 90 day probation period will not be paid

Employee Signature: _____

Received by: _____ Date: _____