



To All Applicants:

Thank you for visiting our Village to inquire about working as a member of one of our teams. Please read all of this notice completely to make certain that you would be a good fit here before going further.

First of all, Dunbar Village supports the operating philosophy of the Eden Alternative which recognizes that the greatest threat to our Elders is the plagues of Loneliness, Helplessness and Boredom. Loneliness is the pain we feel when we want but cannot have companionship. Helplessness is the pain we feel when we always receive care and never give care. Boredom is the pain we feel when our lives lack spontaneity. The cures for these plaques are not pills, but companionship, providing opportunities to give care, and a life filled with variety and spontaneity.

Secondly, this is the Elders' home into which we have been invited to provide care, companionship and opportunities for meaningful engagement. They deserve the same respect, dignity and independence that you would expect for your loved one or yourself, should you need nursing services someday.

Our work is divided into Neighborhoods and each Staff Care Partner is a member of a Neighborhood team. The team members work together and make operational decisions for the Neighborhood. Regardless of what department team members work in or what certifications/licenses they hold, we are all here to provide care and services for the Elders, and everyone is expected to do what is needed to meet the Elders' needs and provide good customer service.

We are open 24 hours 365 days a year. All staff members are empowered to create the team work schedule and therefore the team expects all members to be prompt in attendance!

We believe in being Good Stewards of One Another! We do not tolerate gossip, illegal drug use, laziness, drama, pot stirring nor bad attitudes. The Village team members work hard to support the needs of the Elders and each other, and are only looking for applicants who are equally committed!

If our culture sounds like a place you could grow and make a positive difference in the lives of the Elders and other team members, then please continue with the application process. If not, thank you for coming by and good luck with your job search.

Thank you,

The Dunbar Village Team

I acknowledge that I have received, read and understand the applicant notice.

Signature

Date

Dunbar Village
725 Dunbar Ave
Bay St Louis, MS 39520
(228) 466-3099

APPLICATION FOR EMPLOYMENT

APPLICANTS E-MAIL ADDRESS: _____

The policy of this facility is to provide equal employment opportunities without regard to race, color, religion, sex, national origin, age, disability and any other reason prohibited by law. This application is to be active for a period of 90 days only.

POSTION APPLIED FOR: _____ D.O.B. _____

NAME: _____ SOCIAL SECURITY: _____
(LAST) (FIRST) (MI)

ADDRESS: _____ PHONE: () _____
(STREET) (CITY) (STATE) (ZIP)

PLEASE LIST YOUR PREVIOUS ADDRESS IF YOU LIVED HERE LESS THAN 12 MONTHS.

FORMER ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP)

Are you 18 or older? YES _____ NO _____

Are you either a U.S. citizen or legally authorized to work in the United States? YES _____ NO _____

(PROOF OS CITIZENSHIP OR RIGHT TO WORK STATUS WILL BE REQUIRED AT TIME OF HIRE)

Do you have adequate means of transportation to get to work on time each day? YES _____ NO _____

And when called in on short notice? YES _____ NO _____

Did you review the job description for the position for which you are applying? YES _____ NO _____

Do you meet the qualifications and have the ability to perform the essential job functions of this job? YES _____ NO _____

If no, please explain what qualifications you do not have: _____

Have you ever been convicted of or pled guilty to any criminal offense? YES _____ NO _____

Have you ever been confined (jailed) for any criminal conviction? YES _____ NO _____

Are you presently being charged with any criminal offense? YES _____ NO _____

If your response to any of the preceding questions was "YES", give dates, places & nature of each such conviction or pending charge. (The existence of a conviction or pending charge will not necessarily preclude you from employment, the nature of the crime and its relationship to the position applied for, the degree of rehabilitation of the applicant and the time elapsed since the crime or release from confinement will all be considered. _____

DATE YOU CAN BEGIN WORK: _____

SHIFTS YOU CAN WORK: 1ST (6:45AM – 3:15PM) _____

2ND (2:45PM – 11:15PM) _____

3RD (10:45PM – 7:15AM) _____

Will you work overtime whenever scheduled or requested?

YES _____ NO _____

Have you ever been employed by THIS NURSING FACILITY?

YES _____ NO _____

If yes, give position(s) and date(s) of employment? _____

Would you accept part-time work?

YES _____ NO _____

Would you accept temporary work?

YES _____ NO _____

Special skills you possess: _____

Business machines and/or medical equipment you can operate (key-punch machine, tabulating machine, billing machine, etc.): _____

Typing: Approximate WPM: _____

Shorthand: Approximate WPM: _____

Long-range occupational goals: _____

Record of Education: Name/Location of School

Major Studies

Graduated/Grade Completed

High School: _____

College: _____

School of Nursing: _____

Special Schooling of Training: _____

Professional License and Certification:

TYPE	State	Date Issued	Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EMPLOYMENT HISTORY

List all previous employers for whom you have worked for during the last six years with salary of each employer. Explain any lapses between times when employed.

Name & address of employers (START WITH MOST RECENT)	Month/Year (FROM/TO)	Salary	Position	Supervisor	Reason for leaving
1 _____					
2 _____					
3 _____					
4 _____					
5 _____					
6 _____					

Comments regarding any lapses, if applicable: _____

Have you ever been discharged from a job or forced/asked to resign? YES _____ NO _____
If yes, explain: _____

Have you ever been counseled, verbally or in writing, for a violation of prior employers SAFETY RULES? YES _____ NO _____
If yes, explain: _____

Have you ever been counseled, verbally or in writing, for violations of any company policy of a prior employer? YES _____ NO _____
If yes, explain: _____

Military Service Record

Hiring and re-employment of veterans will be conducted in accordance with applicable federal and state laws and regulations.

Are you now a member of the Reserve or National Guard? YES _____ NO _____

Have you ever served in the U.S. Armed Forces? YES _____ NO _____

If yes, what branch? _____ Type of Discharge _____

Dates of Duty: From: _____ To: _____

List duties in the military or special training that has prepared you for the position you are applying for: _____

REFERENCE CHECK

FROM: DUNBAR VILLAGE
725 DUNBAR AVE
BAY ST LOUIS, MS 39520
(228)466-3099
(228)466-3994 FAX

DATE: _____

APPLICANT:

PLEASE SIGN THE SIGNATURE LINE. THE REST OF THE FORM WILL BE COMPLETED BY YOUR FORMER EMPLOYER. THANK YOU.

Applicant's Signature: _____ SS#: _____ has made application with us for employment as a(n) _____

TO: _____

This applicant has given you as a former employer. Your evaluation will be sincerely appreciated and considered strictly confidential. Please reply promptly as employment id pending receipt of reference. Thank you, Dunbar Village.

Job Title: _____ Employed from: _____ to _____

Reason for leaving: _____

Are applicant's personal qualifications, skills and personal habits such as tot render him/her a desirable employee?

Attitude: _____

Evaluation	Excellent	Good	Fair	Poor
Performance	_____	_____	_____	_____
Reliability	_____	_____	_____	_____
Cooperation	_____	_____	_____	_____
Quality of Work	_____	_____	_____	_____
Appearance	_____	_____	_____	_____
Rehire	YES _____	NO _____	If "NO" why? _____	

Other remarks (your remarks are the most important part of this questionnaire). _____

Date: _____

Signed: _____

Title: _____

I hereby state that the information given by me in this application is true to all respects. I agree that if I am employed and the information is found to be false in any respect, I will be subject to dismissal without notice at any time. I hereby authorize my former employer to release information pertaining to my work ethic, work habits, and my work performance while in their employ.

In making application for employment, I understand that an investigative report may be made by a consumer reporting agency to include information as to my character, general reputation, personal characteristics, and mode of living, whichever is applicable. If such an investigative report is made, I understand that I will receive notice that such report has been requested, and that I will have the right to make a written request for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation. Fingerprinting will also be accomplished as a part of the pre-employment investigation.

I understand and agree that any employee handbook which I may receive will not constitute an employment contract, but will be merely a gratuitous statement of this facilities current policy.

I understand and agree that the facility reserves the right to require its employees to submit to blood tests, hair samples or urinalysis for alcohol or drug screening, or to allow inspection of bags (including purses, backpacks, briefcases, etc.) or parcels brought into or taken out of the facility. I understand that refusal to submit to a urinalysis, blood test, hair sampling, or search when requested to do so, may result in termination of my employment.

I understand and agree that, if I am offered employment by this facility, my employment will be for no definite term and that either I, or this facility will have the right to terminate employment relationship at any time, with or without cause, and with or without notice and that this relationship can only be modified in writing and signed by the facility administrator.

Under the professional license section of this application I have included all state nurse registries with which I am registered or have been registered or have ever made application. My certification is in good standing with all said registries and I do not have any pending complaints against my certification(s) or application(s). I have never been denied certification of any state registry.

SIGNATURE: _____ DATE: _____