



**Employment Applications-(Condensed)**  
**We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.**

Application Date: \_\_\_\_\_ Position (s) applied for: \_\_\_\_\_

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MiddleName: \_\_\_\_\_

Present Address: \_\_\_\_\_, City, State, Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**Times you are available to work:**

Full Time Hrs: (40) \_\_\_\_\_ Part time: hrs:(24-33) : \_\_\_\_\_ PPT hrs: (less than 24): \_\_\_\_\_ PRN: (when called): \_\_\_\_\_

Circle: Days Evenings Nights Week ends Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Would you work overtime if asked: Yes: \_\_\_\_\_ No: \_\_\_\_\_ Other shifts or times if asked or available? Yes: \_\_\_\_\_ No: \_\_\_\_\_

What is your desired salary range? \_\_\_\_\_ Date available to begin work: \_\_\_\_\_

Have you worked 40 hours or more in the last 60 days: Yes: \_\_\_\_\_ No: \_\_\_\_\_

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes ( ) No ( )

Have you ever applied to this company before? If yes, give date: \_\_\_\_\_ Department: \_\_\_\_\_ Yes ( ) No ( )

Do you have any friends &/or relatives who work here? If yes, give name and relationship: \_\_\_\_\_ Yes ( ) No ( )

What is your credential licensure/certification/course work? \_\_\_\_\_

Where did you take your C.N.A. Class: \_\_\_\_\_ Cost of Class: \_\_\_\_\_

Are you still in class? Yes ( ) No ( ) Do you have a Check list? Yes ( ) No ( ) Have you taken the C.N.A. test? Yes ( ) No ( )

When: \_\_\_\_\_ Are you Certified? Yes ( ) No ( ) Is this your first C.N.A. position Yes ( ) No ( )

Kansas # \_\_\_\_\_ License/certification ever been Disciplined? Yes ( ) No ( ) Suspended? Yes ( ) No ( )

If so, contact Legal division State Board of Nursing: C.N.A./C.M.A.-Nurse Aid Registry)

Is there any reason you cannot do the job your are applying for? Yes ( ) No ( ) Are you using illegal drugs? Yes ( ) No ( )

How did you learn about us. Telephone: ( ) Friend ( ) Billboard ( ) Employment Agency ( ) Other Source: \_\_\_\_\_

Name of Newspaper: \_\_\_\_\_ Other Advertisement: \_\_\_\_\_

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? Yes ( ) No ( )  
 (proof of citizenship or immigration status will be required upon employment)

Have you ever been convicted of any crimes in the past 10 years, excluding misdemeanors and summary offenses, Yes ( ) No ( )  
 which have not been annulled, expunged or sealed by the court: If Yes, explain: \_\_\_\_\_

Have you ever been convicted of a felony? If yes, explain: \_\_\_\_\_ Yes ( ) No ( )

Have you ever been excluded from receiving Federal contracts, certain subcontracts or certain Federal financial  
 and non financial assistance and benefits: Yes ( ) No ( )

Have you ever been excluded from Medicare, Medicaid or any other Federal health care program? Yes ( ) No ( )

Describe any specialized training, apprenticeship, & extra curricular activities \_\_\_\_\_

### Education and Work Experience

School	Name/Location of school	Corse of Study	Year	Diploma
Graduate				
College				
High				
Elementary				

Employer: \_\_\_\_\_, Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Weekly Pay: \_\_\_\_\_ Dates of employment: \_\_\_\_\_ to: \_\_\_\_\_

Name (s) you used while working for this employer: \_\_\_\_\_

Job title and duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we call this employer for a reference? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If no, why not? \_\_\_\_\_

Employer: \_\_\_\_\_, Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Weekly Pay: \_\_\_\_\_ Dates of employment: \_\_\_\_\_ to: \_\_\_\_\_

Name (s) you used while working for this employer: \_\_\_\_\_

Job title and duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we call this employer for a reference? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If no, why not? \_\_\_\_\_

Employer: \_\_\_\_\_, Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Weekly Pay: \_\_\_\_\_ Dates of employment: \_\_\_\_\_ to: \_\_\_\_\_  
Name (s) you used while working for this employer: \_\_\_\_\_  
Job title and duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
May we call this employer for a reference? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If no, why not? \_\_\_\_\_

Employer: \_\_\_\_\_, Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Weekly Pay: \_\_\_\_\_ Dates of employment: \_\_\_\_\_ to: \_\_\_\_\_  
Name (s) you used while working for this employer: \_\_\_\_\_  
Job title and duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
May we call this employer for a reference? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If no, why not? \_\_\_\_\_

List all other names you have used other than the names listed on this application: (such as maiden name, name prior to legal name change): \_\_\_\_\_  
\_\_\_\_\_

**Please read and understand this statement before signing your application:**

**I understand there is a 90 day probationary period of employment. The information I provided in this Application for Employment is true. False, incomplete or misrepresented information will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for immediate termination of my employment.**

**I Authorize the employer to obtain information about me from previous employers, educational institutions and other parties to verify the accuracy of information in this application, a related employment resume or personal interview. I waive all right and claim I may otherwise have against the employer or its representatives, for seeking, and using information to evaluate my employment request and all other person who provide information for this purpose. This application is not an employment agreement. If I accept an offer of employment I understand the employer may terminate my employment at any time, with or without cause and without prior notice, unless required by law. I understand that no one, other than an executive officer of the employer, has authority to enter into any employment agreement with terms contrary to the foregoing and then only in writing signed by such officer. I accept all terms and conditions in the above statement.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

*Success is for*  
**EVERYONE.**  
212

# Core Values

- 1. We believe in being Honest & Trustworthy at all times.**  
**Trust is the foundation for any relationship and team; with out it everything breaks down.**
- 2. We focus on Teamwork.**  
**Together everyone achieves more! All of us must work together to make Schowalter Villa the best place to live and work.**
- 3. We are committed & passionate about Schowalter Villa's Mission .**  
**Schowalter Villa exists to provide the best Quality of Life and Quality of Care to enrich those we serve in a Christian not-for profit retirement community**
- 4. We strive daily to make a difference in the lives of residents/customers by proactively finding ways to anticipate and care for their needs.**  
**If Schowalter Villa, Hickory Homes, The Hesston Wellness Center, and The Water's Edge staff strive daily to provide first class services we will be one of the best in the industry.**  
**Resident Centered care, Client focused services and focusing on making Schowalter Villa "Home" for our residents are the areas of our essential overall mission.**
- 5. We believe a strong work ethic and seeking out opportunities will allow us to deliver the greatest positive social results in an economically responsible manner.**  
**Schowalter Villa strives to be one of the best in the business by providing top notch services for our residents, customers and staff. This is not possible without a strong work ethic, seeking out opportunities and delivering positive financial results. No financial margin equals no mission. The residents provide the financial resources used to fund all of our pay check.**
- 6. We believe a positive attitude and encouragement of essential for quality of life & Care.**  
**A positive attitude and encouragement create strong community. Teamwork and strong community are essential to providing quality of life and care.**
- 7. We work to build relationships with residents, staff and community through strong communication, compassion and mutual respect.**  
**Strong communication is at the heart of building strong resident, staff and healthy community relations.**
- 8. We sponsor change that makes Schowalter Villa a better place for residents, customers and staff**  
**If an organization is not constantly looking for ways of making itself better it is moving backwards. The world is dynamic & our industry is constantly evolving.**
- 9. We strive to do the right things by practicing objectivity, humility and servant hood.**  
**As a stakeholder in Schowalter Villa's mission, everyone needs to be aware that a person's ego can get in the way of practicing objectivity, humility and servant hood.**
- 10. We believe in having fun.**  
**Quality of life for residents, staff and customers cannot be fully reached unless your are having fun doing your job.**

