



Dear Applicant:

On behalf of the residents and staff, welcome to Meadowood!

Meadowood is not only a place of employment, but also the home of our residents. All departments work very closely with the residents, and for that reason it takes a special kind of person to work here. Team members recognize how powerful their roles are, not only when working together as a team, but also through their own unique and individual contributions.

We look for people who will take pride in their jobs and who are willing to work as a team. Team members need to be flexible and able to adjust to unexpected occurrences at a moment's notice. We count on our team members to be dependable. Every position is important and an integral part of Meadowood. As a 24/7 operation, residents and coworkers depend on us to be here when expected.

Meadowood has a lot to offer employees with:

- Health, dental, vision, life, and disability benefits for full-time employees.
- Generous matching 403(b) retirement plan for eligible full and part time employees.
- Generous and flexible paid time off for eligible full and part time employees.
- Café serving three delicious meals every day with significant discounts.
- Educational in-service training provided on-site.
- Free Fitness Center and Pool Membership.
- A fun and friendly work environment, with regular employee events and celebrations.

We also consider it a benefit to work with such a fine group of residents and coworkers. The people who live and work here are very special and it is a privilege to engage with them every day. If you are selected to work here, we believe you will agree.

Good luck to you in the selection of your new workplace!

Sincerely,

Meadowood Team Members

*Please continue to complete the employment application ...*

***Meadowood is an Equal Opportunity Employer***

**MEADOWOOD**  
3205 Skippack Pike; PO Box 670  
Worcester PA 19490-0670

**Application for Employment**

1. Date of application: \_\_\_\_\_

2. Please list all names you have used, starting with your current name first:

Current Name: \_\_\_\_\_  
(last) (first) (middle)

Previous Name: \_\_\_\_\_  
(last) (first) (middle)

3. Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

4. Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

5. Position Desired: \_\_\_\_\_

6. **Education:** Circle the highest grade completed.

1      2      3      4      5      6      7      8      9      10      11      12

Name/Address      From      To      Grad. Date

High School : \_\_\_\_\_

College : \_\_\_\_\_

Other : \_\_\_\_\_

Special Training: \_\_\_\_\_

7. **Skills:** Please Complete if applicable:

a. Registered Nurse Lic. #: \_\_\_\_\_ State: \_\_\_\_\_

b. Practical Nurse Lic. #: \_\_\_\_\_ State: \_\_\_\_\_

c. Other Licenses and #: \_\_\_\_\_ State: \_\_\_\_\_

d. Typing Speed: \_\_\_\_\_ WPM

e. Computer knowledge/skills: \_\_\_\_\_

f. Other Skills: \_\_\_\_\_

8. **Employment Source:** How did you learn about employment possibilities with Meadowood?

If you are responding to a newspaper or on-line ad, please provide newspaper or website and date of ad.

If you were referred by a current employee, please provide the first and last name of the employee.

**Source:** \_\_\_\_\_

9. Have you ever been employed by Meadowood?  Yes  No

10. Why are you interested in working for Meadowood? \_\_\_\_\_  
\_\_\_\_\_

11. Have you ever worked in a senior living community or other health care facility?  Yes  No

If yes, please specify details: \_\_\_\_\_

12. When would you be available to begin work if offered a position of employment?

Details: \_\_\_\_\_

13. Are you interested in full-time work?  Yes  No

part-time work?  Yes  No

pool/prn work?  Yes  No

seasonal/temporary work?  Yes  No

If temporary or seasonal, please explain (include dates available): \_\_\_\_\_  
\_\_\_\_\_

14. Are there any hours during the day when you would not be available to work at Meadowood?

If yes, please specify details: \_\_\_\_\_.

15. Are you available for evening?  Yes  No

night shift?  Yes  No

weekends?  Yes  No

holidays?  Yes  No

16. Have you ever had a problem involving absenteeism or lateness?  Yes  No

If yes, give details: \_\_\_\_\_

17. Have you ever been discharged from any place of employment?  Yes  No

If yes, give details: \_\_\_\_\_

18. Have you ever been discharged from employment due to abuse of clients or residents?

Yes  No If yes, give details: \_\_\_\_\_

19. Have you been or are you currently excluded from participation in any Federal Health Care program?

Yes  No If yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

20. Are you prepared to present proof of United States citizenship or immigration status?

Yes  No

21. **Employment Record:** Are you employed now? \_\_\_\_ Yes \_\_\_\_ No

If yes, may we contact your present employer? \_\_\_\_ Yes \_\_\_\_ No

NOTE: If you used a maiden name or another name with previous employers, please give that name.

**LIST CURRENT OR LAST JOB FIRST**

Name of Employer:			
Address (city, state, zip):			
Phone number:			
Name of person to contact for reference (immediate supervisor):			
Your Job Title:		Major Duties:	
Reason for Leaving:			
Employment Dates	From (mm/yyyy):	To (mm/yyyy):	
Salary	\$	Per:	

Name of Employer:			
Address (city, state, zip):			
Phone number:			
Name of person to contact for reference (immediate supervisor):			
Your Job Title:		Major Duties:	
Reason for Leaving:			
Employment Dates	From (mm/yyyy):	To (mm/yyyy):	
Salary	\$	Per:	

Name of Employer:			
Address (city, state, zip):			
Phone number:			
Name of person to contact for reference (immediate supervisor):			
Your Job Title:		Major Duties:	
Reason for Leaving:			
Employment Dates	From (mm/yyyy):	To (mm/yyyy):	
Salary	\$	Per:	

22. **Personal References** Please list three (do not use relatives).

Print Name and Occupation	Years Known	Phone Number	Address
1.			
2.			
3.			

**PLEASE READ CAREFULLY BEFORE SIGNING**

I understand that all statements made here are subject to verification by Meadowood and I release, indemnify, and hold harmless Meadowood from and against all liability which might result from making such a verification or investigation. I agree that the contents of this application form and related reports may be used by Meadowood in any manner it may wish. I further understand that if I am under 18 years of age, and if I am hired, I must provide Meadowood with working papers when I report for work. I understand nothing contained in this application or in the granting of an interview is intended to create an employment contract between Meadowood and myself for either employment or for the granting of benefits. No promise or guarantee is binding upon Meadowood unless made in writing. If an employment relationship is established, I understand and agree that it is not for a definite period, and that I have the right to terminate my employment at any time and that Meadowood retains a similar right. I also understand that any offer of employment is conditioned upon my successful completion of a physical examination to confirm that I am free from communicable disease and able to perform the essential functions of the position. I further understand that for the first three months of employment I will be classified as a probationary employee and that I must satisfactorily complete a three-month period of employment before I am classified as a regular employee and become entitled to the benefits of that classification. I further understand that Meadowood conducts criminal background checks on applicants selected for all positions in order to ensure a secure living environment for its residents, and in compliance with the Pennsylvania Older Adults Protective Services Act. Conviction of any offenses deemed by Meadowood to compromise a secure living environment for its residents, may deem the applicant ineligible for employment for the position requested at Meadowood.

- I understand that Meadowood is a smoke free community.
- I understand that Meadowood is a drug free workplace.
- I understand that Meadowood requires employees to receive an annual flu vaccination, which is provided by Meadowood at no cost to employees.
- I understand that COVID-19 vaccination is required of all new employees to assure the health and safety of Meadowood residents and employees.
- I understand that misrepresentation of facts is sufficient cause for rejection of this application or discharge if I am later employed.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_