



# CYPRESS GLEN

SENIOR LIVING

## EMPLOYMENT APPLICATION

100 Hickory Street, Greenville, North Carolina 27858  
252-830-0036  
www.cypressglen.org

Cypress Glen is an equal opportunity employer and makes all employment decisions without regard to race, color, national origin, religion sex, sexual orientation, age, disability, protected veteran status, genetic information, or other protected characteristic under federal, state, or local law. We deeply appreciate your interest in our organization and assure you we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in placing you in the employment process.

Applicants with disabilities may be entitled to a reasonable accommodation under federal and state law during the hiring process. If you need assistance completing this application or at any phase in the employment process, please notify Human Resources and every effort will be made to accommodate your needs in a reasonable manner and time.

*Please fill out all following sections. Incomplete applications may not be considered.*

### Applicant Information

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Application: \_\_\_\_\_

### Employment Position

Positions applying for: \_\_\_\_\_

How did you hear about this position? \_\_\_\_\_

What days are you available for work? \_\_\_\_\_

What hours or shifts are you available to work?

FT  PT  PRN-per diem

If needed, are you available to work overtime? \_\_\_\_\_

On what date can you start working if you are hired? \_\_\_\_\_

Salary desired: \_\_\_\_\_

### Personal Information

Have you ever worked for Cypress Glen before? If yes, when? No  Yes  \_\_\_\_\_

Have you ever applied to Cypress Glen before? If yes, when? No  Yes  \_\_\_\_\_

Do you have any friends, relatives or acquaintances working for Cypress Glen? No  Yes

If yes, state name and relationship/ affiliation: \_\_\_\_\_

**Education and Training**

*Please include all dates attended and any degrees or certificates earned.*

High School Name	Location (City, State)	Number of Years Completed	Degree Earned
College/ University Name	Location (City, State)	Number of Years Completed	Degree Earned
Vocational School/ Specialized Training Name	Location (City, State)	Number of Years Completed	Degree Earned

Check if applicable:

- Certified Nurse Aide     
  Med Tech     
  Medication Aide     
  Nursing Student  
 Licensed Practical Nurse     
  Registered Nurse     
  Graduate Nurse

NC License/ Certificate #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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

Workshops, Institutes, and/or Specialized Training and Dates:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**References**

*Please provide three personal or professional references below.*

Name: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_

Employment Record

*List below present and past employment, beginning with your most recent employment. Please complete all information in full, even if submitting a resume.*

Employer Name: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
City, State and Zip Code: \_\_\_\_\_  
Employer Telephone: \_\_\_\_\_  
Dates Employed: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Salary: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Employer Name: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
City, State and Zip Code: \_\_\_\_\_  
Employer Telephone: \_\_\_\_\_  
Dates Employed: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Salary: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Employer Name: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
City, State and Zip Code: \_\_\_\_\_  
Employer Telephone: \_\_\_\_\_  
Dates Employed: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Salary: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

All applicants must complete and sign the following section.

COURT RECORD RELEASE FORM

All applicants applying for positions (exempt and non-exempt) at Cypress Glen Retirement Community must agree to an extensive screening process, which includes a court record check.

Conviction of a crime does not automatically disqualify an individual from employment at Cypress Glen. In each case, Cypress Glen examines the nature of the conviction, time elapsed since the conviction, and the type of job for which the individual is being considered. Dependent upon all the circumstances, a decision is made whether to extend a job offer or continue employment of an already hired employee.

It is very important for all applicants to complete this form fully and accurately; therefore, consider your answers carefully. OMISSION OF ANY INFORMATION WILL BE DEEMED FALSIFICATION AND WILL RESULT IN DEACTIVATION OF THE APPLICATION OR TERMINATION OF EMPLOYMENT FOR AN ALREADY-HIRED EMPLOYEE.

Have you ever been convicted of ANY offense other than a traffic offense? (This includes felonies or misdemeanors. An example of a common misdemeanor is a "worthless check". "Conviction" includes plea, verdict, or finding of guilt regardless of whether you were sentenced by a court. Do not disclose convictions that have been expunged.)

No  Yes

If you responded yes, please explain the nature of the crime and give the date and place. If more space is needed, attach another sheet of paper to this application.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Print or type the information requested below:

Full Name: \_\_\_\_\_  
Former Names or Other Names Used: \_\_\_\_\_  
Current Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_  
Previous Address: \_\_\_\_\_

I HEREBY AUTHORIZE CYPRESS GLEN TO INVESTIGATE ALL STATEMENTS MADE BY ME ON THIS FORM AS WELL AS INFORMATION FURNISHED BY ME ON MY EMPLOYMENT APPLICATION. I AUTHORIZE ANY AND ALL POLICE AND LAW ENFORCEMENT AGENCIES, COURTS OR OTHER AGENCIES TO RELEASE ANY RECORDS OR INFORMATION WHICH MAY HAVE A BEARING UPON CONVICTIONS RELATIVE TO ME. I HEREBY RELEASE ABOVE AGENCIES FROM ANY AND ALL LIABILITY IN CONJUNCTION WITH THE RELEASE OF SAID RECORDS OR INFORMATION.

\_\_\_\_\_  
Full Signature Date

ACKNOWLEDGMENT (Please read the following statements carefully.)

I certify that the information on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I understand any falsified information or significant omissions may disqualify me from further consideration for employment, or if hired, be considered justification for dismissal, at any time during my employment.

I understand that employment with Cypress Glen is contingent on successful completion of all pre-employment requirements such as a physical, PPD skin test, drug screen, background check, OIG and references. I understand if I do not successfully pass the drug screen, an offer of employment will not be extended and I may be terminated if I am already employed. I understand that my pre-employment background check will investigate my criminal background, credit history, driver’s license and other matters related to my suitability for employment. I understand that a separate disclosure and consent form will be provided to me prior to any background check.

I understand that nothing contained in this application or in the interview process is intended to create an employment contract between me and Cypress Glen. If I am employed by Cypress Glen I will be an employee-at-will. This means that both Cypress Glen and I have the right to terminate my employment at any time, for any reason, with or without cause. No representative of Cypress Glen has the authority to enter into any agreement contrary to the foregoing “at will” employment relationship.

I hereby authorize Cypress Glen and its representatives to contact my current and former employers, schools, references, and other persons or organizations I have named in this application for the purpose of verifying the information I have provided. I release my current and former employers, schools, references, and other persons or organizations named in this application from any liability resulting from the information released. I authorize employers, schools, references and other persons or organizations named in this application to provide any information or transcripts requested.

My signature is evidence that I have read and agree with the above statements.

Full Signature

Date

Cypress Glen is a Continuing Care, Life Plan Community owned and operated by The United Methodist Retirement Homes, Inc. and managed by Life Care Services LLC.  
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