



## Application for Employment

**Incomplete Applications will not be processed**

Applicants should send completed forms to:  
Fax: (828) 589-0414 Email: [smims@deerfieldwnc.org](mailto:smims@deerfieldwnc.org)  
Mail: Human Resources  
Deerfield Episcopal Retirement Community  
1617 Hendersonville Road  
Asheville, NC 28803

### **Important Information you should know about Deerfield**

#### **Deerfield is an Equal Opportunity Employer**

Deerfield does not discriminate in its employment or housing practices on the basis of race, color, religion, gender, national origin, marital status, age, disability, genetic information, veteran status, sexual orientation, or on any other basis prohibited by applicable law.

#### **Criminal History Background Checks are required**

As part of your application for employment you will be asked a question about convictions for crimes. If you answer this question "yes" you will be asked to provide details. A "yes" answer does not automatically disqualify you from employment. Failure to provide accurate information may affect your employment status. At the time of your hiring interview, you will be asked to sign a document giving Deerfield permission to conduct a background check. Your employment with Deerfield will be conditional based on the results of your background check.

#### **Drug Use Policy and Required pre-hire Drug Testing**

All persons seeking employment or employed by Deerfield will be required to take and pass a screen for illegal drugs, and may be subject to periodic tests for illegal drugs. Your employment with Deerfield will be conditional based on the results of your screen check. By completing this application you are agreeing that upon request you will provide a urine specimen (or blood specimen as required for alcohol testing) at a collection site designated by Deerfield and to have the specimens tested at a laboratory selected by Deerfield.

*Applicants please read the following statements  
carefully and initial after each*

1. Please understand that any material omissions from, or false statements appearing on, this or any other employment form will be sufficient reason not to hire me, and if discovered after my employment, will be sufficient reason for dismissal from the services of Deerfield. \_\_\_\_ (Initials)
2. Application must be filled out completely, dated and signed, with all questions answered in their entirety. \_\_\_\_ (Initials)
3. Incomplete applications will not be considered. \_\_\_\_ (Initials)
4. Resume can be attached to application and used for past job experience. All other questions must be answered on application. \_\_\_\_ (Initials)
5. **Phone calls on the status of an application cannot be answered, due to the high volume of applications.** \_\_\_\_ (Initials)
6. Applications will be reviewed by Human Resources and Department Directors. Calls for interviews will be made as applicable. \_\_\_\_ (Initials)
7. Also understand that you may voluntarily leave employment with Deerfield upon proper notice and further understand your employment may be terminated by Deerfield at any time for any reason at the Company's sole discretion. \_\_\_\_ (Initials)
8. Your application will remain active for a period of 60 days. After this 60 day period, you must reapply in order to be considered for open positions. \_\_\_\_ (Initials)
9. Final offer of employment depends on results of drug screening and criminal background checks, which are required. \_\_\_\_ (Initials)
10. Mandatory Direct Deposit required for your payroll check. \_\_\_\_ (Initials)
11. We are a Tobacco-Free Community. Tobacco use is prohibited within our buildings and on our property, including personal and company vehicles. Employees, family members of residents and staff, students, volunteers, visitors, vendors and contract workers may not use tobacco products at any time on campus. \_\_\_\_ (Initials)

*I have read the above and understand the process for submitting my employment application to Deerfield.*

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

01/09/2017

# Application for Employment

Deerfield Episcopal Retirement Community  
 1617 Hendersonville Road  
 Asheville, NC 28803  
 Phone: 828-274-1531 Fax: 828-277-5615

Please Print

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Position(s) applied for \_\_\_\_\_ Date of application \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name \_\_\_\_\_ Applicant ID # \_\_\_\_\_

Address \_\_\_\_\_  
Last First Middle

Telephone # (\_\_\_\_) \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
 Cellular/Other # (\_\_\_\_) \_\_\_\_\_ E-mail Address \_\_\_\_\_

Referral Source (How did you hear about us?) \_\_\_\_\_

If you are under 18 and it is required, can you furnish a work permit?.....  Yes  No

If no, please explain: \_\_\_\_\_

Have you ever been employed here before? If yes, give dates and positions: \_\_\_\_\_  Yes  No

Is this application a request for reemployment following an extended military leave of absence from this company?.....  Yes  No  
 If yes, additional information may be requested.

Are you legally eligible for employment in this country? .....  Yes  No

Date available for work \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ What is your desired salary range?.....\$ \_\_\_\_\_

Type of employment desired:  Full-Time  Part-Time  Temporary  Seasonal  Educational Co-Op

Are you able to perform the "essential functions" of the job for which you are applying (with or without reasonable accommodation)?

This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.

Yes  No  Need more information about the job's "essential functions" to respond

Driver's license number required if driving may be required in the job for which you are applying: \_\_\_\_\_ State \_\_\_\_\_

Answering "yes" to either part of the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Have you ever pleaded "guilty" or "no contest" to, or been convicted of, a crime? .....  Yes  No

If yes, please provide date(s) and details: \_\_\_\_\_

## Employment History

Starting with your most recent employer, provide the following information.

Employer _____ <small>(Telephone #)</small>	_____	Dates employed: _____ to _____ <small>Month / Year to Month / Year</small>
Street address _____ <small>City State</small>	_____	Compensation (Starting)
Starting job title/final job title _____	_____	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per
Immediate supervisor and title (for most recent position held) _____	_____	Commission/Bonus/Other Compensation \$ _____
Why did you leave? _____	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Compensation (Final)
E-mail: _____	_____	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per
Summarize the type of work performed and job responsibilities _____	_____	Commission/Bonus/Other Compensation \$ _____

Employer _____ <small>(Telephone #)</small>	_____	Dates employed: _____ to _____ <small>Month / Year to Month / Year</small>
Street address _____ <small>City State</small>	_____	Compensation (Starting)
Starting job title/final job title _____	_____	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per
Immediate supervisor and title (for most recent position held) _____	_____	Commission/Bonus/Other Compensation \$ _____
Why did you leave? _____	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Compensation (Final)
E-mail: _____	_____	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per
Summarize the type of work performed and job responsibilities _____	_____	Commission/Bonus/Other Compensation \$ _____

Employer _____ <small>(Telephone #)</small>	_____	Dates employed: _____ to _____ <small>Month / Year to Month / Year</small>
Street address _____ <small>City State</small>	_____	Compensation (Starting)
Starting job title/final job title _____	_____	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per
Immediate supervisor and title (for most recent position held) _____	_____	Commission/Bonus/Other Compensation \$ _____
Why did you leave? _____	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Compensation (Final)
E-mail: _____	_____	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per
Summarize the type of work performed and job responsibilities _____	_____	Commission/Bonus/Other Compensation \$ _____

## Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying:

**Computer Skills** (Check appropriate boxes. Include software titles and years of experience.)

Word Processing \_\_\_\_\_ Years: \_\_\_\_\_  E-mail \_\_\_\_\_ Years: \_\_\_\_\_  
 Spreadsheet \_\_\_\_\_ Years: \_\_\_\_\_  Internet \_\_\_\_\_ Years: \_\_\_\_\_  
 Presentation \_\_\_\_\_ Years: \_\_\_\_\_  Other \_\_\_\_\_ Years: \_\_\_\_\_

## Educational Background

Starting with your most recent school attended, provide the following information.

Schools (Include City & State)	Years Enrolled	Completed	GPA (Class Rank)	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		

## References

List names and telephone numbers of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Title	Relationship to You	Telephone	E-mail	# of Years Known
			( )		
			( )		
			( )		

## Social Security Number

SS# \_\_\_\_\_ We will use this information only for employment purposes and make reasonable efforts to safeguard your privacy.

## Applicant Statement

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resumé or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

**This Company does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, genetic information, citizenship, age, disability, or any other protected status under applicable federal, state, or local law. This Company likewise does not tolerate harassment based on sex, race, color, religion, national origin, genetic information, citizenship, age, disability, or any other protected status. The Company takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.**

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_



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Deerfield has a nepotism policy which prohibits relatives from working in the same area.

Are you related to any current employee of Deerfield? Yes \_\_\_ No \_\_\_.

If yes, please explain. \_\_\_\_\_

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**APPLICANT: BEFORE SIGNING THIS APPLICATION,  
PLEASE READ THE FOLLOWING CAREFULLY**

**CERTIFICATION AND AUTHORIZATION**

I certify that the information provided on this form or on any other forms related to the application process are complete and true. I understand and agree that any misrepresentation of or omission from any information I supply in connection with this application, or any part of the application process may result in the rejection of my application for employment the withdrawal of any conditional offer of employment, or my discharge after employment.

I understand that any offer of employment will be contingent upon my successfully passing a drug screen (provided at the expense of Deerfield) at a laboratory designated by Deerfield. I fully and unconditionally consent to such drug screen and authorize the release of the results of such drug screen to Deerfield. I understand that the results of such drug screen will be used by Deerfield in consideration of my employment application, and may be used by Deerfield to refuse to offer me employment or to withdraw any offer of employment previously made.

I certify that my interest in employment by Deerfield is genuine and that all statements contained in this application, including all attachments, any statements made during my interviews, are complete and true.

I authorize the investigation of all statements contained in this application or in any other documents which I complete during the application process, and authorize the references listed in this application to give any information concerning my previous education and employment, and other matters related to my employment. I release all parties from liability for any claims, demands, liabilities, or damages that may result from furnishing such information to you.

This application is valid for 60 days. Employment, if offered, is employment at will, which may be terminated at the option of either the employer or employee at any time.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



**NOTICE TO APPLICANTS  
AND EMPLOYEES**

Screening tests for illegal  
drug use may be required  
before hiring and during  
your employment here.

01/09/2017