



Before you complete this application, please understand that West Vue, Inc. completes drug and alcohol testing.

MISSION STATEMENT

Honoring God by serving mankind.

VISION STATEMENT

To be south central Missouri's number one choice in senior care services.

VALUES STATEMENT

We value an attitude of compassion and service based on the teachings of Christ:
"And just as you want people to treat you, treat them in the same way."

Luke 6:31



Notifying the Public of Rights under Title VI/ADA

West Vue, Inc. posts Title VI/ADA notices on our agency's website, in public areas of our agency and in our vehicles.

West Vue, Inc. operates its programs and services without regard to race, color, or national origin, in accordance with Title VI of the Civil Rights Act of 1964.

West Vue, Inc. operates its programs and services without discrimination against individuals with disabilities, in accordance with the Americans with Disabilities Act of 1990 (ADA).

For more information on the West Vue Inc.'s Title VI program, and the procedures to file a complaint, contact the CEO at (417) 256-2152; jmeidell@westvueinc.org; or visit our administrative office at 210 Davis Drive, West Plains, MO 65775. For more information visit www.westvueinc.org.

If you believe you have been discriminated against on the basis of race, color, national origin, or disability status by West Vue, Inc., you may file a Title VI complaint by completing, signing, and submitting the agency's Title VI Complaint Form.

How to file a Title VI/ADA complaint with West Vue, Inc.:

1. You may obtain a Complaint Form from the Business Office at 210 Davis Drive, West Plains, MO 65775; or you may download a Complaint Form from www.westvueinc.org.
2. In addition to the complaint process at West Vue, Inc., complaints may be filed directly with the Federal Transit Administration, Office of Civil Rights, Region 7, 901 Locust Street, Suite 404, Kansas City, MO 64106.
3. Complaints must be filed within 180 days following the date of the alleged discriminatory occurrence and should contain as much detailed information about the alleged discrimination as possible.
4. The form must be signed and dated, and include your contact information.

If information is needed in another language, contact (417) 256-2152.



Employment Application

We are an Equal Opportunity Employer. We do not discriminate on the basis of race, religion, color, sex, age, national origin, ancestry or disability.

Application Date: _____

Personal Information (* Indicates required information)			
SSN:			
First Name *		Middle Initial	
Last Name: *		Nick Name:	
Current Address:			
Street:			
City:			
State:		Zip Code:	
Home Phone: *		Cell Phone:	
Permanent Address: (if Current Address is different)			
Street:			
City:			
State:		Zip Code:	
Email Address:			
Are you 18 years old or over? *	Yes	No	If no, give date of birth
How did you hear about us?	Family	Flyer	Radio Internet Friends Newspaper / Magazine
Other:			
Please name any relatives or acquaintances employed by us. If relative, please give relationship:			
Have you ever pleaded guilty to or been convicted of a felony or misdemeanor (excluding minor traffic (speed or stop sign) offenses)? *	Yes	No	
If yes, give date, place, offense, and outcome (Previous guilty pleas and/or convictions do not necessarily disqualify an applicant from employment.) *			
Are you listed on Missouri's Department of Health and Senior Services Employee Disqualification List? *	Yes	No	
Driver's License #: *		Has Medicare ever denied reimbursement for your services? *	
State Issued: *		Yes	No

Employment Information:				
Work Location Preference:*	West Vue Nursing & Rehab Center		Pleasant Valley Manor	
Name of the Position you are applying for:*				
Have you ever filed an application with us before?*		Yes	No	If Yes, give date:
Have you ever been employed with us before?*		Yes	No	If Yes, give date:
Are you available to work *	Full – Time	Part – Time	Temporary	
What time and/or hours would you be available to work?*				
Conflicts: Please list <u>ALL</u> dates and the reasons that you are currently aware of that would conflict with your potential work schedule. Write “None” if you have no schedule conflicts.				
Available Starting Date:*		Desired Salary:*		
Would you be willing to work overtime as necessary?*			Yes	No
Can you provide authorization & documentation to work in the United States? *			Yes	No
Employee Experience: Start with present or last job. Include full-time military service assignments and full-time volunteer activities.				
Employer #1:*				Work Performed:
Address:*				
City:*				
State:*		Zip Code: *		
Phone:*				
May we contact your employer?*		Yes	No	
Job Title:				
Supervisor:				
Date Employed:*	From:		To:	
Hourly Salary:*	Starting:		Final:	
Reason for Leaving:*				

Employee Experience: (Continued)				
Employer #2:*				Work Performed:
Address:*				
City:*				
State:*		Zip Code: *		
Phone:*				
May we contact your employer?*		Yes	No	
Job Title:				
Supervisor:				
Date Employed:*	From:		To:	
Hourly Salary:*	Starting:		Final:	
Reason for Leaving:*				

Employer #3:*				Work Performed:
Address:*				
City:*				
State:*		Zip Code: *		
Phone:*				
May we contact your employer?*		Yes	No	
Job Title:				
Supervisor:				
Date Employed:*	From:		To:	
Hourly Salary:*	Starting:		Final:	
Reason for Leaving:*				

Education:									
High School:* School Name:					Years Completed:		9 10 11 12		
Diploma/Degree:		Yes No		Grade Point Average:					
Course of Study:									
College/University: School Name:					Years Completed:		1 2 3 4		
Diploma/Degree:		Yes No		Grade Point Average:					
Course of Study:									
Technical/Vocational: School Name:					Completed:		Yes No		
Diploma/Degree:		Yes No		Grade Point Average:					
Course of Study:									
Graduate/Professional: School Name:					Years Completed:		1 2 3 4		
Diploma/Degree:		Yes No		Grade Point Average:					
Course of Study:									
Do we have your permission to contact above schools for verifying information?						Yes No			
License, Certification or Registry									
Are you Registered, Licensed, or Certified?*				Yes No		Are you eligible to become Registered, Licensed, or Certified?*			
Type:*				Yes No		Type:*			
State:		#:		Have you applied?*		Yes No			
Expiration Date:					Date Applied:*				
Are you Registered, Licensed, or Certified?*				Yes No		Are you eligible to become Registered, Licensed, or Certified?*			
Type:*				Yes No		Type:*			
State:		#:		Have you applied?*		Yes No			
Expiration Date:					Date Applied:*				
Others:									
Specialized training, apprenticeship, skills, and extra-curricular activities?									
List professional, trade, business or civic activities and offices held.									

References: Give three references who are not relatives or previous employers			
Reference #1: Name:*		Phone:*	
Address:*			
Reference #2: Name:*		Phone:*	
Address:*			
Reference #3: Name:*		Phone:*	
Address:*			

Why do you want to join the West Vue Family?

READ THE FOLLOWING CAREFULLY BEFORE SIGNING THIS APPLICATION.

ACKNOWLEDGMENT AND AUTHORIZATION

I have been advised that **WEST VUE, INC.** is a Smoke Free Workplace. No employee may smoke or use smokeless tobacco products on campus.

I authorize investigation of all statements and/or references contained in this Application for employment as may be necessary in arriving at an employment decision. I release **WEST VUE, INC.** from any and all potential liability resulting from the investigation and any release of information learned, including any damage to my reputation. I further understand that my driving record will be reviewed if related to the job for which I may be considered. In addition, I authorize past employers, all references, and other persons to release information concerning my ability, character, reputation, and previous employment record, and I release them from any and all liability for doing so. If any of these checks result in unfavorable information, I understand that I may not be hired or be terminated immediately.

This Application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with **WEST VUE, INC.** is of an “at will” nature, which means that the Employee may resign at any time and **WEST VUE, INC.** may discharge Employee at any time with or without cause. It is further understood that this “at will” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

I certify that answers given herein are true and complete to the best of my knowledge. In the event of employment, I understand that false or misleading information given in my Application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

I HAVE READ, UNDERSTAND AND AGREE TO THE ACKNOWLEDGEMENT AND AUTHORIZATION PARAGRAPHS.

Signature of Applicant

Date

West Vue, Inc.
Criminal History Disclosure

In accordance with the Missouri's Criminal Records Review Law all applicants for employment at West Vue must disclose **ANY** criminal history.

Applicant Name: _____ Date: _____

Other names known by (Maiden/Alias): _____

CRIMINAL HISTORY

<u>Crime</u>	<u>Date</u>	<u>Judicated Outcome</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

As required by law West Vue will conduct a criminal background check on all new employees.

West Vue, Inc.
Applicant Residence History

Please list the state(s) you have resided in since the age of eighteen (18).

Signature