



# Oceanview Adult Day Program

www.oceanviewadultdayprogram.com  
Facility # 565801134

# Adult Day Program

## "Living, Loving, Laughing & Learning"

OVP-.Application for Employment Rev.

### An Equal Opportunity Employer

Position Applied For: \_\_\_\_\_ Full Legal Name: \_\_\_\_\_

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

Phone: Home No. \_\_\_\_\_ Cell No: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Social Security No. \_\_\_\_\_ CPR/FIRST AID: Yes \_\_\_/No \_\_\_/Current \_\_\_/Expired \_\_\_

#### Education

High School (highest year completed): 1 2 3 4 Year Graduated \_\_\_\_\_

College (highest year completed) 1 2 3 4 5 6 7 8 Year Graduated \_\_\_\_\_

If graduated (please fill-up below)

Name of Institution	Degree Received	Major or Specialty	Minor	Dates Attended

#### Special Skills (please check)

- other languages \_\_\_\_\_
- Typing Speed \_\_\_\_\_
- Excel \_\_\_\_\_
- Photo Shop \_\_\_\_\_
- Internet \_\_\_\_\_

#### Other Special Skills, Hobbies, Experience (please check)

- CPI (Crisis Prevention) \_\_\_\_\_
- Musical Instruments \_\_\_\_\_
- Drama/Theatre \_\_\_\_\_
- ADL's (clients) \_\_\_\_\_
- Arts & Crafts \_\_\_\_\_

#### License (to include driver's), certificate of other authorization to practice a trade or profession

TYPE	LICENSE NUMBER	GRANTED BY



Employer \_\_\_\_\_ Job Title \_\_\_\_\_  
 Address \_\_\_\_\_  
 Type of Business \_\_\_\_\_ Supervisor/Title \_\_\_\_\_  
 Duties \_\_\_\_\_  
 Start Date \_\_\_\_\_ End Date \_\_\_\_\_  
 Salary (start) \_\_\_\_\_ (last) \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
 Type of Employment ( ) Part time \_\_\_\_\_  
 ( ) Full time \_\_\_\_\_  
 Hours/Week \_\_\_\_\_

**References (Includes Employment and Personal)**

NAME	ADDRESS	TELEPHONE NO.	RELATIONSHIP

**Desired Salary** \_\_\_\_\_

**Previous Salary** \_\_\_\_\_

**CERTIFICATION**

I hereby certify under penalty of perjury that all the information I provided are true and complete. I agree and understand that any falsification of information herein, regardless of time and discovery, may cause forfeiture on my part of any employment.

I also understand that all information in this application is subject to verification and I consent to criminal history background checks. Likewise, I consent that you can contact my references, former employers and educational institutions listed in connection with this application.

I further authorize **Oceanview Adult Day Program** to rely upon and use, as it sees fit, any information received from such contacts. Information contained in this application may be disseminated to other agencies, nongovernmental organizations or systems on a need-to-know basis for good cause shown as determined by the agency head or designee.

\_\_\_\_\_  
**Signature**

**Date:** \_\_\_\_\_

\_\_\_\_\_  
**Applicant's Printed Name**