

The Mission of Friendsview Retirement Community is to provide active residential living and quality continuing care to seniors in a Christ-centered community.

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| Friendsview Retirement Community INTERNAL JOB APPLICATION |
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This application is for individuals who are current Friendsview employees who are interested in applying for a different position than they are currently working.

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|------------------------|----------------------|
| Name: | Initial hire date: |
| Address: | Phone: |
| Position applying for: | Date of application: |
| Current position: | Current Supervisor |

INSTRUCTIONS: Please fill out this form as completely as possible. Provide your current supervisor with Page 3, Supervisor Reference Form. They will complete it and turn it into the HR office. Your application will not be processed without a supervisor reference form. .

In the space below, please provide information on your experience, skills or training or any other qualifications that would make you a good candidate for this position. Include information from your work experience with Friendsview and from any past employment or other experience.

Please tell why you are interested in a job change at this time and what your interest is in this particular position.

It is the policy of Friendsview Retirement Community to ensure equal employment opportunities to all applicants and employees on the basis of individual qualifications regardless of race, color, religion, age, sex, disability, national origin or any other protected status.

By signing below you signify that all information contained above is accurate. You may turn this application into the Friendsview Human Resources Office.

Employee Signature: _____ Date: _____

CURRENT SUPERVISOR REFERENCE FORM INSTRUCTIONS: Please give this form to your current supervisor or Department Director to complete. They will return it to the HR office.

The employee whose signature appears below has applied for a different position at Friendsview. Please sign their application form and provide information regarding their current job performance. If they have had a performance review in the past 6 months, please indicate the date of the last review and attach to this form. If it has been more than 6 months since their last review, please complete the following confidential reference checklist.

Date _____ Applicant's name _____ / _____
(print name) (signature)

Date of last job performance evaluation: Date: _____

| Please rate the following: | Excellent | Good | Average | Improvement Needed | Poor |
|---|-----------|------|---------|--------------------|------|
| Punctuality | | | | | |
| Attendance | | | | | |
| Contributes to developing a sense of teamwork | | | | | |
| Quality of work performance in areas of essential job functions | | | | | |
| Quality of interaction with residents | | | | | |
| Adherence to policies & standards | | | | | |

Please discuss the strengths of this applicant as well as any areas where they might benefit from support or in which they need to improve.

(use back of page if needed)

Signature _____ **Date** _____

All information you provide will be kept in confidence. Thank you.

Form completed by: _____ **Date** _____
(print name) (title)