



# DUNWOODY VILLAGE

2700 Westchester Pike • Norcross, GA, 30071  
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Hearing Impaired: 1-800-678-7989 • [www.dunwoody.org](http://www.dunwoody.org)



**Dunwoody Village is proud to be a Tobacco-Free Workplace**

**PLEASE PRINT CLEARLY**

## APPLICATION FOR EMPLOYMENT

Dunwoody Village is an equal opportunity employer and complies with all provisions of Title VII of the Civil Rights Act as amended and Title I of the Americans with Disabilities Act of 1990. Dunwoody Village also complies with applicable provisions of the Fair Labor Standards Act as amended. Applicants requesting reasonable accommodation in the application and/or interview process should notify the Human Resources Department.

Position Applied For			Date of Application ____/____/____
Name	_____ Last	_____ First	_____ Middle
Address	_____		
City, State, Zip	_____		
Home Phone No.	_____		
Cell Phone No.	_____		
E-mail	_____		

Type of employment seeking:      Full Time      Part Time      Self  
 Shift      Temporary      Night      Weekend

How did you learn about Dunwoody Village?      Advertisement      Employee Referral     \_\_\_\_\_  
 Walk-in      Other     \_\_\_\_\_

Desired salary: \_\_\_\_\_

Have you ever been employed at Dunwoody Village before?      Yes      No

Have you lived outside the state of Pennsylvania within the last ten years?      Yes      No

Are you 18 years of age or over?      Yes      No

If under age 18, do you have a work permit?      Yes      No

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

Have you ever been convicted of a crime (other than a misdemeanor or summary offense) or ever been convicted of a violent crime?      Yes      No

**If YES, please explain:** \_\_\_\_\_

Have you ever been disciplined from employment due to abuse of violence or harassment (other than suspension)?      Yes      No

**If YES, please explain:** \_\_\_\_\_

Driver's license number, if driving is an essential job function: \_\_\_\_\_ Date: \_\_\_\_\_  
 Type of license:      Class I      Class II      CDL

**Complete the following if you're a former health-care professional or other individual whose position requires a license.**

Professional license or registration: \_\_\_\_\_ Date: \_\_\_\_\_  
 License or registration number: \_\_\_\_\_ Expiration date: \_\_\_\_\_