



**Before you begin filling out our employment application, please take a few moments to read the following:**

**Thank you for your interest in Gulf Coast Village.**

- Our Residents and Employees are the most important people in our business.
- Gulf Coast Village “Hospitality Mission” is: *To exceed each guest experience so they will be eager to endorse us to their family, friends and associates.*
- Only those applicants with the proper attitude and desire to become part of a group dedicated to provide our Residents with the best possible services and care need apply.
- Gulf Coast Village is a drug-free work place. Gulf Coast Village is firmly committed to maintaining an environment free of the influence of illegal drugs and alcohol. This commitment is essential not only to our employee’s health and safety, but to the health and safety of our residents. Gulf Coast Village will at all times maintain the community’s confidence in the safety and integrity of the care we provide.
- We only accept employment applications for current open positions. Refer to our “Employment Opportunities” list – located with employment applications or you can view our employment opportunities at [www.gulfcoastvillage.com](http://www.gulfcoastvillage.com).
- Complete employment application and all pages attached. Incomplete employment applications and attached pages will not be considered. Do not list more than one position per application.
- We require applicants applying for a nursing position to have a valid **Florida** CNA or Nursing (LPN/RN) license. Our receptionist will be glad to make a copy and attach it to your employment application.
- Return your application to Gulf Coast Village. Upon receipt, Human Resources will review your employment application. We will be in contact with you if there is a match.

**Please **do not call** Gulf Coast Village regarding the status of your employment application.**

**We will contact you if we feel there is a match for the open position you applied for.**

**Applicant name, signature and date required for consideration of employment with Gulf Coast Village.**

I, \_\_\_\_\_, acknowledge reading and agree with the above information.  
(Please Print Name)

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

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



## APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status or the presence of a non-job related medical condition or disability, or any other legally protected status. Applicants requiring reasonable accommodation to the application and/or interview process should notify the Human Resources Department. Gulf Coast Village is an Equal Employment Opportunity Employer. Applicants selected for employment with Gulf Coast Village will also be hired simultaneously by Merit Resources, Inc. as the co-employer. Gulf Coast Village is the employer for the purposes of managing the day to day operations of the company and the employees. This includes responsibility for the scheduling of work, safety and the direction of the individual employees in their positions. Merit Resources is the co-employer for managing and taking responsibility for the administrative portion of employment such as benefits, payroll and worker compensation insurance.

**Applicants will be subject to a drug testing which may include a comprehensive physical examination after an offer of employment is made. Employment is conditional based on results of examination.**

**Proof of citizenship or immigration status is required upon employment.**

Resumes are accepted in addition to the completion of this application.

Note: This application has been designed for several types of positions at Gulf Coast Village. Some questions may not pertain to the particular job you are applying for; however, we ask that you answer all questions.

***All applications are good for 60 days.***

Date of Application: \_\_\_\_/\_\_\_\_/\_\_\_\_ Position Applying

for: \_\_\_\_\_

(Be specific on position applying for – Please Note: I.e., listing Any, All or Whatever Is Available will reject application)

Name \_\_\_\_\_  
Last First Middle Initial Social Security #

Address \_\_\_\_\_  
Street City State Zip

Phone number \_\_\_\_\_ Cellular/Pager \_\_\_\_\_

Email Address \_\_\_\_\_

**Please circle one answer only.**

If you are under 18, and it is required can you furnish a work permit? Yes No  
If no, please explain \_\_\_\_\_

Have you filled out an application here before? Yes No If yes, give dates \_\_\_\_\_

Have you ever been employed here before? Yes No

If yes, please give dates and position(s) \_\_\_\_\_

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

If the position requires it, do you have a valid Nursing Certification (CNA, LPN, RN)? Yes No

Certified in State: \_\_\_\_\_ Certification # : \_\_\_\_\_

**ONLY if the position requires it, do you have a valid Driver's License?** Yes No

Will you work overtime if asked? Yes No Will you work nights? Yes No No

Will you work holidays? Yes No Will you work weekends? Yes No No

Are there any hours, shifts, or days you will not work? Yes No

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

Do you need to give your current employer notice? (i.e. – two week notice) Yes No

Date available for work \_\_\_\_/\_\_\_\_/\_\_\_\_

How did you hear about Gulf Coast Village (GCV)? (Please circle response)

Newspaper Ad TV Ad Radio Ad Internet GCV WebSite Job Fair Other

Did a Gulf Coast Village employee refer you to us? Yes No

If yes, Please indicate employee's name: \_\_\_\_\_

Do you have any friends or relatives who work here? Yes No

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**EMPLOYMENT EXPERIENCE**

Start with your present or last job. Include volunteer activities. Exclude organization names, which indicate race, color, religion, sex, or national origin.

May we contact your present employer? Yes No  
May we contact your previous employers? Yes No

*(Please fill out completely. I.e., See resume is not acceptable)*

1) Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Phone: 1-(\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_ Employed From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

2) Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Phone: 1-(\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_ Employed From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

3) Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Phone: 1-(\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_ Employed From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

4) Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Phone: 1-(\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_ Employed From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

**MILITARY EXPERIENCE**

Were you in the U.S. Armed Forces or some other service organization? Yes No

Dates of duty: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ Rank at Separation \_\_\_\_\_

Briefly describe your duties: \_\_\_\_\_  
\_\_\_\_\_

**SKILLS AND QUALIFICATIONS**

Summarize special skills and qualifications acquired from employment or other experience:  
*(Please fill out completely. I.e. See Resume is not acceptable)*

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**EDUCATIONAL DATA**

School	Name & Address	Circle # of Years Completed				Degree/Major
		9	10	11	12	
High						
College						

Other: Specialized training, Apprenticeship, Skills and Extracurricular Activities:

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Honors received:

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State any additional information you feel may be helpful to us in considering your application:

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In order to permit a check of any educational records, should we be aware of any change of name or assumed name that you previously used? Yes                  No

If yes, identify names and relevant dates.

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**REFERENCES (Not Employers or Relatives – List at least three)**

Name & Address	Occupation	Phone

**GENERAL INFORMATION**

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Have you ever been convicted of, pled nolo contendere (no contest) to, or been fined in connection with any felony, misdemeanor, municipal ordinance violation, or any other type of offense (other than a parking ticket), regardless of the nature of the penalty or fine for that offense?

Yes \_\_\_\_\_ No \_\_\_\_\_ **If yes, provide details:**

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(If you are in doubt about the nature of any offense, please list it; this question is designed to require disclosure of all past convictions, violations, fines or offenses, and the failure to list a conviction, offense, violation or fine will be considered falsification and will be grounds for refusal to hire or termination of employment. No applicant will be denied a position because of a past conviction, offense, violation or fine which is not substantially related to the circumstances of the employment sought).

Are you currently subject to a pending criminal charge for any misdemeanor or felony?

Yes \_\_\_\_\_ No \_\_\_\_\_ **If yes, provide details:**

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(This question is designed to elicit information on all pending criminal charges, whether felony or misdemeanor. No applicant will be denied a position because of a pending criminal charge, which is not substantially related to the circumstances of the employment sought).

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**APPLICANT'S STATEMENT**

I certify that the information in this application is correct to the best of my knowledge and belief and understand that falsification of this information or deliberate omission of a material fact in my application is grounds for refusal to hire, or, if hired, dismissal. I affirm that I have a genuine intent and not other purposes in applying for a job with Gulf Coast Village and Merit Resources.

I further understand that filing of this application is not and is not intended to be a contract of employment with Gulf Coast Village or Merit Resources.

It is my understanding that Gulf Coast Village and Merit Resources may make a thorough investigation of my entire work and personal history and may verify all data given in my application for employment, related papers or oral interview. I specifically authorize any of the persons or organizations referenced in this application to give you any and all information they might have, personal or otherwise, with regard to any subjects covered by this application and release all such parties from all liability for any damage that may result from furnishing such information to you. I authorize you to request and receive such information.

I understand that if hired, I'm entering into a co-employment relationship whereas Gulf Coast Village is my worksite and directing employer and Merit Resources is my administrative employer. I agree that the benefit plans (health and retirement) offered in my co-employment package are those of Merit Resources and are the only benefit plans in which I'm eligible to participate. I further agree that I will not be eligible for other benefits (if any) offered to other non co-employees of Gulf Coast Village now or in the future.

Applicants Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_



**PRIOR EMPLOYMENT  
REFERENCE CHECK FORM**

To our prospective employee: **Please complete two (2) reference check forms.**  
 Provide current and/or prior employer information.  
 In the event you do not want your current employer notified, please indicate and provide two other employers.

1) Employer Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 FAX Number: \_\_\_\_\_

**Applicant's Authorization**

I authorize Gulf Coast Village and Merit Resources to references, including each of those employers listed, and other sources of information regarding my background, and I hereby authorize and direct each such employer, reference, or source of information to answer any and all questions regarding my prior employment and background. I hereby release and indemnify Gulf Coast Village and Merit Resources, each of my prior employers, my references, and other sources of information contacted and agree to hold them harmless from any claims arising from this authorization.

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**The following information is to be completed by Human Resources:**

**1) Employer**  
 Position Held: \_\_\_\_\_ Employed From: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Reason For Leaving: \_\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

	Excellent	Good	Fair	Poor
Quality of Work:	_____	_____	_____	_____
Quantity:	_____	_____	_____	_____
Cooperative/Conduct:	_____	_____	_____	_____
Attendance/Reliable:	_____	_____	_____	_____
Would you rehire?	Yes	No		

In your opinion, are there any discrediting characteristics that would disqualify this candidate from employment with Gulf Coast Village?  
 \_\_\_\_\_

Signed By: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



**PRIOR EMPLOYMENT  
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 In the event you do not want your current employer notified, please indicate and provide two other employers.

1) Employer Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 FAX Number: \_\_\_\_\_

**Applicant's Authorization**

I authorize Gulf Coast Village and Merit Resources to references, including each of those employers listed, and other sources of information regarding my background, and I hereby authorize and direct each such employer, reference, or source of information to answer any and all questions regarding my prior employment and background. I hereby release and indemnify Gulf Coast Village and Merit Resources, each of my prior employers, my references, and other sources of information contacted and agree to hold them harmless from any claims arising from this authorization.

Signed: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**The following information is to be completed by Human Resources:**

**1) Employer**  
 Position Held: \_\_\_\_\_ Employed From: \_\_\_/\_\_\_/\_\_\_  
 Reason For Leaving: \_\_\_\_\_ To: \_\_\_/\_\_\_/\_\_\_

	Excellent	Good	Fair	Poor
Quality of Work:	_____	_____	_____	_____
Quantity:	_____	_____	_____	_____
Cooperative/Conduct:	_____	_____	_____	_____
Attendance/Reliable:	_____	_____	_____	_____

Would you rehire?      Yes                  No

In your opinion, are there any discrediting characteristics that would disqualify this candidate from employment with Gulf Coast Village?  
 \_\_\_\_\_

Signed By: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

## NOTICE TO ALL APPLICANTS

In accordance with the laws of the State of Florida governing Nursing Homes, Assisted Living Facilities, Home Health Agencies, Adult/Child Day Care Centers, and other health related organizations, every employee who has direct contact with, or who is working near or around the clients of the facility, or in and around or with their personal property, is required to have a Level 1 background screening (investigation) conducted as part of the application for employment process.

**Level 1 Screenings** require that background investigations be conducted with both the Florida Department of Law Enforcement and the Agency for Health Care Administration's Abuse Information Center and that the results will be forwarded to the "employing facility".

**Level 2 Screenings** will be required for all applicants who have not been residents within the State of Florida for the last five (5) years and will require the applicant to submit to a FINGERPRINT screening in addition to the FDLE and ABUSE screenings.

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### AUTHORIZATION TO CONDUCT LEVEL 1 and/or LEVEL 2 SCREENINGS

#### PLEASE READ CAREFULLY BEFORE SIGNING THIS AUTHORIZATION

With my signature below, I hereby acknowledge that I have read and understand the following statements and give authorization for a Level 1 and/or Level 2 screening to be completed:

In the absence of an employment contract, I understand that my position with this organization is based upon "employment at will", which means that the employment relationship may be terminated by either the employee or the employer at any time, for any reason. I further acknowledge that as part of the application process, I must be truthful and accurate in completing all the paperwork and data gathering forms used in the application process, and that willful deception or omission of information may result in my not being hired or in termination. I know and understand that certain information may be found which could prevent my being employed in this health related organization. If disqualifications occur, then I alone will have the responsibility to contest said disqualification or to seek an exemption with the appropriate licensing agency, in accordance with Florida Statutes governing health related organizations. The decision of the licensing agency may be appealed through the hearing procedures as set forth in Florida Statutes Chapter 120.

**If I am hired, this authorization shall remain on file and in effect and shall serve as an ongoing authorization for Gulf Care Inc. or its representatives to procure Level 1 and/or Level 2 screening reports at any time during my employment.**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

All information obtained in the application process as well as the results of the background investigations will be used solely for the purpose of the employment process and will remain confidential. In accordance with Florida Statutes information gathered may be shared with similar health related organizations.



PLEASE READ CAREFULLY

I freely and voluntarily agree to submit to urinalysis (drug screen) as part of my application for employment with Gulf Coast Village and Merit Resources. I understand that either refusal to submit to the urinalysis screen or failure to qualify according to the minimum standards established by the company for this screen will disqualify me from further consideration for employment.

I also understand that if I am hired and commence work prior to Gulf Coast Village receiving the results of my drug screen and these results are not satisfactory, I will be discharged from employment with Gulf Coast Village and Merit Resources immediately.

I further understand that upon commencement of employment with Gulf Coast Village and Merit Resources, I may again be required to submit to a urinalysis screen. I understand that refusal to take a requested urinalysis screen or failure to meet the minimum standards set for by the company the screen will result in immediate discharge.

\_\_\_\_\_  
Applicant's Signature

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

\_\_\_\_\_  
Social Security Number

Driver License Information:

\_\_\_\_\_  
State of Issue

\_\_\_\_\_  
Driver License Number

**ATTESTATION OF GOOD MORAL CHARACTER  
FOR PURPOSES RELEVANT TO s. 400.215, FLORIDA STATUTES**

As an applicant for employment with GULF COAST VILLAGE and MERIT RESOURCES,  
I, \_\_\_\_\_, hereby attest to meeting the requirements for  
employment that I am of good moral character, that I have not been found guilty of, regardless of  
adjudication, or entered a plea of nolo contendere, or guilty to any offense prohibited under any  
of the following provisions of the Florida Statutes or under any similar statute or ordinance of  
another jurisdiction or state:

- a) Section 415.111, relating to adult abuse, neglect, or exploitation of aged persons or disabled adults.
- b) Section 782.04, relating to murder.
- c) Section 782.07, relating to manslaughter.
- d) Section 782.071, relating to vehicular homicide.
- e) Section 782.09, relating to killing an unborn child by injury to the mother.
- f) Section 784.011, relating to assault if the victim was a minor.
- g) Section 784.021, related to aggravated assault.
- h) Section 784.03, relating to battery if victim was a minor.
- i) Section 784.045, relating to aggravated battery.
- j) Section 787.01, relating to kidnapping.
- k) Section 787.02, relating to false imprisonment.
- l) Section 794.011, relating to sexual battery.
- m) Section 794.041, relating to prohibited acts of persons in familial or custodial authority.
- n) Chapter 796, relating to prostitution.
- o) Section 798.02, relating to lewd and lascivious behavior.
- p) Chapter 800, relating to lewdness and indecent exposure.
- q) Section 806.01, relating to arson.
- r) Chapter 812, relating to theft, robbery, and related crimes, if the offense is a felony.
- s) Section 817.563, relating to fraudulent sale of controlled substances, only in the offense was a felony.
- t) Section 825.102, relating to the abuse or neglect of a disabled adult or an elderly person.
- u) Section 825.1025, relating to lewd or lascivious offenses committed upon or in the presence of an elderly person or disabled adult.
- v) Section 825.103, relating to the exploitation of a disabled adult or an elderly person.
- w) Section 826.04, relating to incest.
- x) Section 827.03, relating to aggravated child abuse.
- y) Section 827.04, relating to child abuse.
- z) Section 827.05, relating to negligent treatment of children.
- aa) Section 827.071, relating to sexual performance by a child.
- bb) Chapter 847, relating to obscene literature.
- cc) Chapter 893, relating to drug abuse prevention and control, only if the offense was a felony or if any involved in the offense was a minor.

I further attest that I have not been judicially determined to have committed abuse or neglect against a child as defined in s. 39.01(2) and (37), Florida Statutes; nor do I have a confirmed report of adult abuse, neglect, or exploitation as defined in s. 415.102(5), or abuse or neglect as defined in s. 415.503(6), which has been uncontested or upheld under s. 415.1075 or s. 415.504, Florida Statutes; nor do I have a proposed confirmed report that remains unserved and is maintained in the central abuse registry and tracking system pursuant to s. 415.1065(2)(c); nor have I committed an act which constitutes domestic violence as defined in Chapter 741.30.

Under the penalties of perjury, I declare that I have read the foregoing, and the facts alleged are true to the best of my knowledge and belief.

\_\_\_\_\_  
AFFIANT (Applicant's Signature)

**OR**

To the best of my knowledge and belief, my record may contain one or more of the foregoing disqualifying acts of offenses.

\_\_\_\_\_  
AFFIANT (Applicant's Signature)

**Only Sign This Sheet In One Place**