

EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER

All persons should have the opportunity to be considered for employment without regard to their race, color, religion, national origin or ancestry, handicap or disability, sex, marital status, citizenship, or any other characteristic protected by applicable federal or state law.

PERSONAL INFORMATION		Date of Application: _____
Name: _____		
Address: _____		
City: _____	State: _____	Zip Code: _____
Home Phone: _____	Social Security Number: _____	

GENERAL INFORMATION	
Position applied for: _____	
Available to work:	<input type="checkbox"/> Full - time <input type="checkbox"/> Part - time <input type="checkbox"/> Temporary
If seeking part - time work, specify the number of days per week: _____	
Date available to start work: _____	Shift desired: <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Night <input type="checkbox"/> All
If you are under age 18, can you submit a work permit after employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you submit verification of your legal right to work in the U.S. after employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been convicted by a court of a felony other than a minor traffic violation within the last seven years? <i>(A conviction is not an automatic bar to employment. Each case will be considered on its own merits.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain: _____	
Have you ever been disciplined for resident abuse?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever applied for a position with or worked for this Company before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, specify dates: From: _____ To: _____	
Do you have relatives or friends employed at this company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, list names: _____	

RECORD OF EDUCATION	Name and Address of School	Course of Study	Circle Last Year Completed	List Diploma or Degree(s) Obtained
High School			1 2 3 4	
College			1 2 3 4 or more _____	
Other (specify)				

LANGUAGE SKILLS: (OTHER THAN ENGLISH)

Please identify other languages that you speak: _____

Read: _____ ; Including Sign Language: _____

Area of specialization or major interest. _____

Word Processing: Yes No What Word Processing Equipment are you familiar with? _____

Are you a veteran of the United States military service? Yes No

If yes, please state branch of service: _____

Please list any job - related professional, trade, business or civil activities, organizations and associations. You may omit those which indicate race, color, religion, national origin, ancestry, sex or age:

PROFESSIONAL LICENSES AND / OR CERTIFICATIONS

ARE YOU:

Currently: Registered; No. _____ Licensed; No. _____ Certified; no. _____

Eligible: Registration Licensure Certification

IF LICENSED, REGISTERED, OR CERTIFIED

Type	No.	State Issued	Date Issued	Expiration
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Do you consider yourself to be able to perform all of the duties required by the job for which you are applying, without endangering yourself, other employees or residents? Yes No

If no, please explain: _____

Do you have any physical or medical condition that would prevent you from performing or safely performing the essential duties of the position for which you are applying? Yes No

If yes, please indicate what may be done to accommodate your limitations:

REFERENCES

Please provide the names, address, and telephone numbers of at least two references who are not related to you whom you have known at least one year:

Beginning with your current or last employer, list the last four positions of employment held in date order.

Name of Employer	FROM		TO	
	Month	Year	Month	Year
Address	Telephone		No of Hours / Week _____	
City, State, Zip			Starting Salary _____	
Position:	Supervisor		Ending Salary _____	
Description of Duties:				
Reason for Leaving:				
Person To Contact for References:				

Name of Employer	FROM		TO	
	Month	Year	Month	Year
Address	Telephone		No of Hours / Week _____	
City, State, Zip			Starting Salary _____	
Position:	Supervisor		Ending Salary _____	
Description of Duties:				
Reason for Leaving:				
Person To Contact for References:				

Name of Employer	FROM		TO	
	Month	Year	Month	Year
Address	Telephone		No of Hours / Week _____	
City, State, Zip			Starting Salary _____	
Position:	Supervisor		Ending Salary _____	
Description of Duties:				
Reason for Leaving:				
Person To Contact for References:				

Name of Employer	FROM		TO	
	Month	Year	Month	Year
Address	Telephone		No of Hours / Week _____	
City, State, Zip			Starting Salary _____	
Position:	Supervisor		Ending Salary _____	
Description of Duties:				
Reason for Leaving:				
Person To Contact for References:				

Please identify and explain all periods of unemployment in excess of one month during the past five years:

Period of Unemployment: From _____ To _____

Reason for Unemployment: _____

I certify that all the information submitted by me on this application is true and complete to the best of my knowledge, and I understand that any false information, omissions, or misrepresentations of facts on this application may be cause for the denial of my application or, if I am employed, discharge at any time.

I authorize the investigation of all statements contained in this application and the references listed to give you any and all information concerning my previous employment and any pertinent information they may have, and release all persons from all liability and damages that may result from furnishing that information to you.

In consideration of my employment I agree to conform to the rules and regulations of (company) _____ and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time,

at the option of either (company) _____ or myself. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by

(company) _____.

I understand that no representative of (company) _____, other than its Administrator,

has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

As a condition of employment, I understand that testing for drug and alcohol use, determined to be appropriate by management, may be requested either before being hired or at any time during my employment with (company) _____.

I also understand that a photograph may be requested after employment.

I understand that all offers of employment are conditioned on the provision of satisfactory proof of the applicant's identity and legal authority to work in the United States.

Signature of Applicant

Date

FOR OFFICE USE ONLY

REFERENCE VERIFICATION

Phone

Mail

Date Mailed

By Whom

Response:

TO BE COMPLETED BY EMPLOYEE AFTER EMPLOYMENT

Person to be contacted in the event of an accident or emergency

Name: _____

Address: _____

Telephone: _____