

# APPLICATION FOR EMPLOYMENT

Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Address: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Are you authorized to work in the U.S.? \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Position for which you are applying: \_\_\_\_\_ Are you at least 18 years of age? \_\_\_\_\_

Do you wish to work:     Full Time     Part Time    If part-time, specify hours and days: \_\_\_\_\_

Availability:     Weekdays     Weekends     Days     Nights     Evenings     Holidays     Overtime

For Care Staff, what shift are you applying for?  Day Shift (6AM-2PM)  Evening Shift (2PM-10PM)  Night Shift (10PM-6AM)

Minimum hourly wage requirement: \$ \_\_\_\_\_ Date available for work: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Has your driver's license in any state ever been denied, surrendered, suspended, revoked, restricted or investigated? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Professional License: Type: \_\_\_\_\_ No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ State: \_\_\_\_\_

Has this license in any state ever been surrendered, denied, suspended, revoked, restricted, investigated or been placed on probation?  
 No     Yes    If yes, please explain: \_\_\_\_\_

Have you ever had any claims, judgments, compensation for injury, or settlements made against you in a professional liability case at any time during your professional practice?  No     Yes    If yes, please explain: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Do you currently suffer from any illness, injury, health condition (physical or mental) or contagious disease which would impair your current ability to safely carry out the responsibilities of the position for which you are applying? If yes, please explain: \_\_\_\_\_

Except for vacations and holidays, how many work days were you absent during the current calendar year?

- 0-5 days     5-10 days     10-15 days     15-20 days     21+ days

During the prior calendar year?     0-5 days     5-10 days     10-15 days     15-20 days     21+ days

Please explain total absences over 5 days for each year: \_\_\_\_\_

Did you receive any verbal warnings, written warnings or other disciplinary actions concerning your performances of your job responsibilities at any of your previous jobs? \_\_\_\_\_ If "yes", please state the date(s) and the reason(s) for your unemployment

Have you previously applied for employment here? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Have you previously been employed by this property, or any of its affiliated properties? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Are any of your relatives employed here or at any affiliates? \_\_\_\_\_ If yes, please list names(s) and property(s)? \_\_\_\_\_

Do you expect to also work elsewhere (full or part time) if employed here? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Have you ever been convicted of a criminal offense (felony or misdemeanor)?

Date: \_\_\_\_\_ Nature: \_\_\_\_\_

\*An affirmative answer will not automatically disqualify you from being considered as a candidate for employment.

In order to permit a check of your work and education records, please indicate any names you have used in the past and relative date(s): \_\_\_\_\_

School	Print Name, City and State for the School Listing.	No. of Yrs. Completed	Degree or Certificate	Subjects Studied
High School				
College				
Other				

In the following spaces, give a complete record of your employment. Begin with your most recent employment and work back. Use a separate sheet to list additional employers if you have had more than 3 former employers. Please note if we cannot contact a certain employer.

Employer	Employed	Starting Position
Address	From _____ Mo./Yr.	Last Position
Telephone	To _____ Mo./Yr.	Other Positions Held
Starting Salary	Final Salary	Supervisor
Duties		
Reasons for Leaving (Reason required why you resigned or were terminated)		

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Please list three personal/professional references below that we may contact:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Relation: \_\_\_\_\_

## AGREEMENT

(Please read the following statements carefully before signing)

I hereby affirm that the information provided on this application form (and accompanying resume, if any) is true and complete to the best of my knowledge and agree to advise the General Manager of this property in writing, of any change or addition to any information contained in this application. I agree that false information or the omission of information from this Application (including leaving blanks on this Application or my failure to correct or add to the information changes during the course of my employment) ("Inaccurate Information") may disqualify me from consideration for employment or continued employment and may result in my immediate dismissal if discovered at a later date. I further agree to hold harmless and indemnify the property ("Company") from any and all liability that may be caused by the Company relying on inaccurate information.

I authorize the investigation of my past employment and other qualifications of employment as deemed appropriate and agree to cooperate in such investigation. I agree to release, indemnify and hold harmless all persons and other entities (third parties) providing the information requested by the Company. I also agree to release, indemnify and hold harmless the Company from any and all liability in connection with its conducting such investigation as it deems appropriate and the use of the information received from Third Parties.

I further agree to promptly advise the Manager of this Company in writing, of any mental or physical condition, illness or contagious disease or condition that may cause me to present a risk of harm to the clients, residents, and/or staff of the properties managed.

I consent to submit to such examinations and other health assessments requested by the Company to determine my continuing qualifications to perform the essential responsibilities of any position I may be considered for by the Company. I also agree to the release of copies of all health information requested by the Company which is or may be related to my qualifications to work.

I understand that if I am hired, my employment with the Company may be terminated, with or without cause, at any time at the discretion of either Company or myself. I understand that, if I am accepted for employment with the Company, the Company reserves the right to change my job responsibilities, wages, benefits and any other term or condition of my employment with the Company at any time to meet the needs of the Company.

I understand and agree that, at the time that my voluntary or involuntary termination from employment with the Company, I am entitled to the wages I earned as of the last day I worked for the Company. I hereby agree that any amounts I owe to the Company at that time may be set off and applied against the wages owed to me at the time of termination.

I further understand that this is an application for employment and that no employment is being offered by this application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

EQUAL OPPORTUNITY EMPLOYER