



APPLICATION FOR EMPLOYMENT

It is our policy to provide equal employment opportunities and will not unlawfully consider any factors of race, religion, age, creed, national origin, gender, disability veteran status, genetic information or any and all other unlawful biases regarding federal, state or local laws with regard to workers or applicants.

TO BE CONSIDERED FOR EMPLOYMENT, ALL APPLICANTS MUST FILL OUT THIS FORM COMPLETELY. THIS APPLICATION WILL GIVEN EVERY CONSIDERATION, BUT ITS RECEIPT DOES NOT IMPLY THAT OUR COMPANY WILL EMPLOY THE APPLICANT. THIS FORM BECOMES PART OF YOUR EMPLOYMENT RECORD IF YOU ARE HIRED. THIS APPLICATION IS ONLY VALID FOR 30 DAYS.

PERSONAL INFORMATION	
Full Name (Including first, middle and last names):	Phone Number(s):
Address (including city, state, zip):	
Are you over 18? _____yes _____no	Can you supply documentation of your identity and authorization to work in the U.S.? _____yes _____no

WORK INTEREST				
Preferred Position:	Type of employment: _____ Full time _____ Part time Other _____	Preferred Shift:	Minimum Salary:	What is the earliest date that you are available to work? (Mo/Day/Yr): _____
Have you ever filed an application with our company before? _____ yes _____ no		If yes, when?	If yes, where and who interviewed you?	
Have you ever been interviewed by our company before? _____ yes _____ no		If yes, when?	If yes, where and who interviewed you?	
What shift & hours will you be available to work (please check all that apply): Any shift _____ AM shift _____ PM shift _____ Overnight NOC shift _____				
Please indicate if you would be willing to work whenever scheduled or requested: Overtime _____yes _____no Weekends _____yes _____no				
Briefly state your reasons for interest in employment with our company or any other comments about your work interest:				
Do you have reliable transportation? _____ yes _____ no				
Some positions may require driving. To be added to our insurance you must be 24 years of age or older with a valid driver's license. Would you qualify to be added to our insurance? _____yes _____no Do you have a valid driver's license? _____yes _____no				
Are you currently employed? _____ yes _____ no	May we speak to your current employer? _____ yes _____ no			



WORK HISTORY

(Please list all periods of employment and unemployment, and any military service.)

1. Current or Latest Employer:		Dates Employed
Employer Address:		From Date (list month / year):
		To Date (list month / year):
Employer Telephone:	Your Title:	Starting Pay: \$ _____
Nature of Business:		Current or Ending Pay: \$ _____
Name & Title of Supervisor:		Reason for Leaving:
Your Duties:		
2. Previous Employer:		Dates Employed
Employer Address:		From Date (list month / year):
		To Date (list month / year):
Employer Telephone:	Your Title:	Starting Pay: \$ _____
Nature of Business:		Ending Pay: \$ _____
Name & Title of Supervisor:		Reason for Leaving:
Your Duties:		
3. Previous Employer:		Dates Employed
Employer Address:		From Date (list month / year):
		To Date (list month / year):
Employer Telephone:	Your Title:	Starting Pay: \$ _____
Nature of Business:		Ending Pay: \$ _____
Name & Title of Supervisor:		Reason for Leaving:
Your Duties:		
4. Previous Employer:		Dates Employed
Employer Address:		From Date (list month / year):
		To Date (list month / year):
Employer Telephone:	Your Title:	Starting Pay: \$ _____
Nature of Business:		Ending Pay: \$ _____
Name & Title of Supervisor:		Reason for Leaving:
Your Duties:		



Please explain all periods of unemployment:

Have you ever been terminated from employment? _____ Yes _____ No If yes, please explain:

Have you ever served in the military? _____ Yes _____ No Are you currently serving in the reserves? _____ Yes _____ No

Branch of Service: _____ Final Rank: _____ MOS: _____

EDUCATION

	Name & Location of School	No. of Years	Current Status? (Attending, Paused, or Graduated)	Degree or Type of Diploma	Major Course of Study
High School					
College/University					
College/University					
Graduate School					
Business/Technical					

If you have not graduated from high school, do you have a GED?

_____ yes _____ no

If you went to college but did not graduate, how many credit hours are needed for your degree?

Associate's _____ Bachelor's _____

List any scholarships, academic honors, awards or special achievements:

List any languages which you speak proficiently:

List any languages which you read proficiently:

CERTIFICATIONS / LICENSES

Type	Agency or State Issued	Date Issued	Date Expires	Number



REFERENCES			
Name	Address	Phone	Occupation

SPECIAL SKILLS
List any skills and abilities (personal skills, qualities, work style, interpersonal abilities, communication, etc.) you feel particularly qualify you for a position with us:
OFFICE / COMPUTER Experience:
KITCHEN Experience:
MAINTENANCE Experience:

ADDITIONAL TERMS AND CONDITIONS OF EMPLOYMENT

Initials: _____

Affidavit

- _____ I certify that the answers given by me to the foregoing questions and statements on the employment application and/or during the employment interview process are true and correct without any consequential omissions of any kind whatsoever. I understand that any misleading or incorrect statements may render this application void, and if employed, would be cause for my termination. I further agree that the Company shall not be liable in any respect if my employment is terminated because of falsity of statements, answers or omissions made by me in this application.
- _____ I understand that this application is designed for use with several types of jobs and some questions may not be completely applicable to the position for which I am applying.
- _____ I authorize the companies, schools, persons or entities given during the employment process, and the employer (if employed), while employed, or during internal investigations, as references or past employers or affiliations, to give any information regarding my employment, character, qualifications, certifications and licenses, and hereby release said companies, schools, persons or entities from all liability for any damage for issuing this information. A favorable result may be a condition of employment, commencement, or continuation of any employment duties where elements are job-related.
- _____ I understand that I may be required to have a medical examination and/or drug and alcohol test after an offer of employment has been made and prior to the commencement of my employment duties. A favorable result on the medical examination and/or drug and alcohol test would be a condition of my employment or commencement of any employment duties.
- _____ I realize that operating conditions may require me to work shifts or work hours scheduled other than the one for which I am applying, and I agree to such scheduling changes as directed by my supervisors or the management.
- _____ I understand that my employment is not for a specified or definite term and that I may resign, or I may be discharged, at any time, for any reason, with or without good cause and with or without prior notice. I further understand that this policy cannot be changed or amended except by written agreement signed by me and by a corporate office. I understand that this is an application for employment and that no employment contract is being offered.
- _____ I understand that only United States citizens or aliens who are legally entitled to work in the United States are eligible for employment.
- _____ My employment shall be in accordance with the terms of this application, all safety and incident reporting rules, and all other Company rules and regulations. The Company shall have the right to amend, modify, or revoke its rules and regulations at any time. I will familiarize myself promptly with such rules and regulations and will abide and be bound by the rules and regulations now and hereafter in effect.
- _____ I certify that as part of the application process, I have been provided with a written job description or have had the opportunity to review and/or discuss the requirements for the position of Direct Care Staff. I certify that I understand each requirement and that I am capable of meeting each and every requirement.

Signature: _____

Date: _____

Printed Name: _____