

APPLICATION FOR EMPLOYMENT

(PLEASE PRINT)

Date of Application: _____

Name: _____

Social Security No.: _____

Present Address: _____

Immigrant No.: _____

How Long: _____

Business Telephone: _____

Home Telephone: _____

Are you authorized to work in U.S.? _____

Can you substantiate proof of identity and work authorization within 30 days of employment? _____

Please Note: This application form was designed for use by persons applying for various types of positions - clerical, professional, technical, and administrative. Please answer these questions to the best of your ability. You may answer "Not applicable". This application will be considered active for only 90 calendar days. If you are not contacted for an interview or employed during this period, it will be necessary for you to re-apply in writing or in person for future consideration.

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
 Days

Weekends
 Evenings

Overtime
 Nights

Holidays

For Care Staff, which shift are you applying for?

Day Shift (6AM-2PM)

Evening Shift (2PM-10PM)

Night Shift (10PM-6AM)

Your minimum hourly wage requirements: _____ Date available for work: _____

Are you subject to a non-competition or nondisclosure agreement or any other type of agreement with a former employer that might limit your right to work for us?

If yes, please explain: _____

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

Were you in the U.S. Armed Forces? _____ If yes, what branch? _____

Dates of duty: From _____ to _____ Rank at Separation: _____

Typing speed _____ words per minute

Business machines you can operate:

Other skills _____

Professional License: Type _____ No. _____ Expiration Date: _____

Arizona California Nevada Utah New Mexico Other _____

Has your license in any state ever been surrendered, denied, suspended, revoked, restricted, investigated or been placed on probation?

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? If yes, please explain: _____

How did you hear about us? Newspaper Ad _____ (Please specify which publication) Web Site _____ (Please specify which one)

Friend/Colleague/Relative/Word of Mouth Other, Please tell us: _____

School	Print Name, Number and Street, City, State and Zip Code for each School Listing.	No. of Yrs Completed	Degree or Certificate	Subjects Studied
High School				
College				
Trade or Business School				
Night or Correspondence Courses				
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

Reason for Leaving (Reason required why you resigned or were terminated)

Employer	Employed	Starting Position
Address	From _____ Mo. /Yr.	Last Position
Telephone	To _____ Mo. /Yr.	Other Positions Held

Starting Salary Final Salary Supervisor

Duties

Reason for Leaving (Reason required why you resigned or were terminated)

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Starting Salary	Final Salary	Supervisor

Duties

Reason for Leaving (Reason required why you resigned or were terminated)

Employer	Employed	Starting Position
Address	From _____ Mo. /Yr.	Last Position
Telephone	To _____ Mo. /Yr.	Other Positions Held
Starting Salary	Final Salary	Supervisor

Duties

Reason for Leaving (Reason required why you resigned or were terminated)

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 action concerning your performance of your job responsibilities at any of your previous jobs? _____ If yes, please explain: _____

Have you ever been unemployed at any time during the past 10 years? _____ 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 name(s) and property? _____

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

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

Date: _____ Place: _____

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 other names you have used in the past and relevant date(s): _____

PERSON TO NOTIFY IN CASE OF EMERGENCY:

Name: _____ Telephone: _____

Address: _____

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