

Hearthside Senior Living

EMPLOYMENT APPLICATION (An Affirmative Action Employer)

PERSONAL INFORMATION

Date _____

Name _____
Last First Middle

Present Address

Street City State Zip Code

Permanent Address

Street City State Zip Code

Home Phone # _____ Cell Phone # _____

Are you 18 years or older _____ Yes _____ No

Are you either a U.S. citizen or an Alien Authorized to work in the United States? ___ Yes ___ No

Have you ever been convicted of a felony? _____ Yes _____ No
(If yes please explain)

EMPLOYMENT DESIRED

Position _____

Start Date _____ Desired Salary _____

Currently Employed ___ Yes ___ No (May we inquire of your Present Employer ___ Yes ___ No)

Ever applied to this company before:

Where When
Referred by: _____

EDUCATION

Grammar School

Name and Location of School No of Years Did you Subjects
Attended Graduate Studied

High School

Name and Location of School	No of Years Attended	Did you Graduate	Subjects Studied
College University			

Name and Location of School	No of Years Attended	Did you Graduate	Subjects Studied
Trade, Business College			

Name and Location of School	No of Years Attended	Did you Graduate	Subjects Studied
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GENERAL

Subjects of Special Study or Research

Special Skills

Activities: (Civic, Athletic, Etc)

Exclude organizations, the name of which indicates the Race, Creed, Sex, Age, Marital Status, Color or Origin of its Members.

U.S. Military or Naval Service _____ Rank _____
Guard or Reserves _____ Rank _____

Do you have any Physical Limitations, which would prevent you from performing the responsibilities of this position? _____ Yes _____ No (IF YES PLEASE EXPLAIN)

FORMER EMPLOYERS:

Below List PRIOR Employers, starting with the most recent first. Continue on back if required.

Date Employed from _____ to _____
Name _____
Address _____
City _____ State _____ Zip Code _____
Phone Number _____ Contact Name _____
Position Held _____ Salary _____
Reason for leaving _____

Date Employed from _____ to _____
Name _____
Address _____
City _____ State _____ Zip Code _____
Phone Number _____ Contact Name _____
Position Held _____ Salary _____
Reason for leaving _____

Date Employed from _____ to _____
Name _____
Address _____
City _____ State _____ Zip Code _____
Phone Number _____ Contact Name _____
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Date Employed from _____ to _____
Name _____
Address _____
City _____ State _____ Zip Code _____
Phone Number _____ Contact Name _____
Position Held _____ Salary _____
Reason for leaving _____

TERMS AND CONDITIONS OF EMPLOYMENT

Hearthside Senior Living is an equal opportunity employer and selects the best matched individual for the job based on job related qualifications, regardless of race, national origin, age, color, sex, handicap or other protected groups under State, Federal or local equal opportunity laws.

Any misrepresentation or deliberate omission of facts in my application may be justification for refusal of employment; or if employed termination from my employment.

It is my understanding that *Hearthside Senior Living* will make a thorough investigation of my entire work history and may verify all information and papers given in my application for employment. I authorize such investigation, believing that all statements I have made are true to the best of my knowledge. I realize that falsification of information given may prevent my being hired; or if hired may subject me to immediate dismissal. I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information that may have, and release all parties from all liability for any damage that may result from furnishing same to you.

I agree that *Hearthside Senior Living* may terminate my employment, at any time without liability for wages except those earned to the date of termination. I authorize release of medical information when necessary to determine my ability to perform the job for which I am being considered or for which *Hearthside Senior Living* employed me.

Although management makes every effort to accommodate individual preferences, staffing needs may at times, make the following conditions mandatory; overtime, shift work, a rotating schedule, or a work schedule other than posted. I understand and accept this as conditions of my continuing employment.

I do agree that if employed to serve to the best of my ability and abide by the policies that have been established by the Board of Directors and the Administration of *Hearthside Senior Living*.

I understand that this is an application for employment and that no employment contract is being offered. I further understand that if I am employed, such employment is for no definite period of time, and that wages and benefits are subject to change with prior notice.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

For this Type of Employment State Law requires a Criminal Background Check as a condition of employment.

I have read the above and understand what it says.

Applicant Signature _____ Date _____

FOR COMMUNITY USE ONLY. DO NOT WRITE BELOW THIS LINE.

Work Reference Mandatory

Date Completed _____

1) _____

2) _____

3) _____

Personal Reference Check Results

1) _____

2) _____

Remarks:

Hired _____ Yes _____ No _____
Position _____ Department _____

Salary/Wage _____

Date reporting to work _____

Criminal background check initiated _____ Yes _____ No

Date initiated _____

Drug Screen Required On All Potential Hires.

Interviewed By _____ Date _____

Approved _____
Supervisor _____ Community Director _____

INTERVIEW, REFERENCE CHECKS AND CRIMINAL BACKGROUND CHECK MUST BE COMPLETED ON ALL HIRES PRIOR TO HIRE.