

# EASY LIVING COUNTRY ESTATES

## Employment Application

APPLICANT INFORMATION										
PLEASE PRINT								Date		
Last Name				First				Soc.Sec. #		
Street Address							Apartment/Unit #			
City				State				ZIP		
Home Phone					Business Phone					
Cell Phone					E-mail Address					
How were you referred to us?		Name of Referral Source								
Newspaper <input type="checkbox"/>		School <input type="checkbox"/>			On my own <input type="checkbox"/>					
Current Employee <input type="checkbox"/>		Agency <input type="checkbox"/>			Other <input type="checkbox"/>					
Position Requested										
Date Available					I am looking for		Part-Time <input type="checkbox"/>		Full-Time <input type="checkbox"/>	
Shifts Available		7am-3:30pm <input type="checkbox"/>	3pm-11:30pm <input type="checkbox"/>	11pm-7:30am <input type="checkbox"/>	Other					
All shifts and positions require the employee to be able to lift over 50 lbs. Do you know of any reason why you cannot perform the essential functions of the job for which you applied?								YES <input type="checkbox"/>	NO <input type="checkbox"/>	
If YES, please explain										
Please note: This application form was designed for use by applicants for various positions – clerical, professional, technical, and administrative. Answer the questions to the best of your ability. All information will be treated confidentially.										
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?		YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Are you under the age of 18?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you 21 years of age or older? (Some shifts require employees to be 21 years of age)		YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Have you previously applied for employment here?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?						
Have you ever been convicted of a criminal offense?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain (Date, Place, Nature)						
(EFFECTIVE JULY 1997 ALL EMPLOYEES WILL BE SUBJECTED TO A CRIMINAL BACKGROUND CHECK. AN AFFIRMATIVE ANSWER WILL NOT AUTOMATICALLY DISQUALIFY YOU FROM BEING CONSIDERED AS A CANDIDATE FOR EMPLOYMENT, HOWEVER EMPLOYMENT IS DEPENDENT ON THE TYPE OF OFFENSE.)										

**EDUCATION**

High School				Address						
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	GED?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
College				Address						
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
Business/Trade/ Technical				Address						
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
Other				Address						
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			

**REFERENCES**

Please list three professional references. (NOT EMPLOYERS OR RELATIVES)

Full Name				Relationship					
Company				Phone					
Address									
Full Name				Relationship					
Company				Phone					
Address									
Full Name				Relationship					
Company				Phone					
Address									

Please include any other information you think would be helpful to us in considering you for employment, such as additional work experience, articles/book published, activities, accomplishments, personal experiences, etc.  
(YOU MAY EXCLUDE ALL INFORMATION INDICATIVE OF AGE, SEX, RACE, RELIGION, COLOR, NATIONAL ORIGIN, OR DISABILITY)

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**PREVIOUS EMPLOYMENT**

Please give accurate, complete full-time and part-time employment record. Start with your current or most recent employer.

Company				Phone	
Address				Supervisor	
Job Title		Starting Salary	\$	Ending Salary	\$
Responsibilities					
From	To	Reason for Leaving			
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>					
Company				Phone	
Address				Supervisor	
Job Title		Starting Salary	\$	Ending Salary	\$
Responsibilities					
From	To	Reason for Leaving			
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>					
Company				Phone	
Address				Supervisor	
Job Title		Starting Salary	\$	Ending Salary	\$
Responsibilities					
From	To	Reason for Leaving			
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>					
Company				Phone	
Address				Supervisor	
Job Title		Starting Salary	\$	Ending Salary	\$
Responsibilities					
From	To	Reason for Leaving			
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>					
Company				Phone	
Address				Supervisor	
Job Title		Starting Salary	\$	Ending Salary	\$
Responsibilities					
From	To	Reason for Leaving			
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>					

**MILITARY SERVICE**

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

**DISCLAIMER AND SIGNATURE (PLEASE READ THE FOLLOWING STATEMENT CAREFULLY)**

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsified information disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I understand that my employment can be terminated, with or without cause, at any time at the discretion of either the company or myself. I understand that no management official other than the Executive Director of the company has any authority to enter into agreement contrary to the foregoing or make any oral assurance or promise of continued employment.

I authorize persons, schools, my current employer (if applicable), and previous employers and organizations named in the application (and accompanying resume, if any) to provide any relevant information that may be required to arrive at an employment decision.

Signature	Date
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**EMPLOYEE INFORMATION ON DISMISSALS AND CRIME CONVICTIONS:**

Have you ever been dismissed from employment due to abuse of clients or residents? YES  NO

If YES, please explain in detail the circumstances which led up to your dismissal. If this happened more than one time, please explain each and every dismissal below. If you need more space use the other side.

Have you ever been convicted for a violent crime(s). YES  NO

If YES, please explain in detail the circumstances which led up to your dismissal(s). If you need more space use the other side.

I am aware that all of the above statements are correct and that any incorrect statement to try and cover up the truth, shall be just cause for dismissal.

Signature	Date
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