

Fayetteville Manor Alzheimer's & Dementia Care

Application for Employment

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status.

Date _____

Last name	First name	Middle name
Street Address		
City	State	Zip
Telephone	DOB:	S.S#

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? (You may be required to provide documentation). Yes No

Are you over 21 years old? Yes No

Are you CPR certified? If yes, when does your certification expire? Yes No
 Expiration Date _____

Employment Desired

Desired Position:		
Date you can start:		
Desired starting salary:		
Are you looking for full-time or part-time employment?	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time
Are you willing to work 1 st shift (7am-3pm)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you willing to work 2 nd shift (3pm-11pm)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you willing to work 3 rd shift (11pm-7am)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have reliable transportation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please list friends or relatives currently working for us: _____

(Name and Relationship) _____

How did you hear of this opening? _____

Have you ever applied for employment here? Yes No

When? _____ Where? _____

Have you ever been employed by this company? Yes No

When? _____ Where? _____

Are you presently employed? Yes No

May we contact your present employer? Yes No

Education

School Name and Location	Year	Major	Degree
High School			
College			
Post-College			
Other Training			

In addition to your work history, are there are other skills, qualifications, or experience that we should consider?

Are you planning to continue your studies? Yes No

If yes, where and what courses of study?

Have you ever been arrested? Yes No

If yes, please describe conditions. _____

Have you ever been convicted of a crime? Yes No

If yes, please describe conditions. _____

Employment History (Start with most recent employer)

Company Name		
Address		Telephone
Date Started	Starting Wage	Position
Date Ended	Ending Wage	Ending Position
Name of Supervisor		
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Responsibilities		
Reason for leaving		

Company Name		
Address		Telephone
Date Started	Starting Wage	Position
Date Ended	Ending Wage	Ending Position
Name of Supervisor		
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Responsibilities		
Reason for leaving		

Company Name		
Address		Telephone
Date Started	Starting Wage	Position
Date Ended	Ending Wage	Ending Position
Name of Supervisor		
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Responsibilities		
Reason for leaving		

References

List three personal references, not related to you, who have known you for more than one year.

Name _____ Phone _____ Years Known _____

Address _____

Name _____ Phone _____ Years Known _____

Address _____

Name _____ Phone _____ Years Known _____

Address _____

Emergency Contact

In case of emergency, please notify:

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Please Read Before Signing:

I certify that all information provided by me on this application is true and complete to the best of my knowledge and that I have withheld nothing that, if disclosed, would alter the integrity of this application.

I authorize my previous employers, schools, or persons listed as references to give any information regarding employment or educational record. I agree that this company and my previous employers will not be held liable in any respect if a job offer is not extended, or is withdrawn, or employment is terminated because of false statements, omissions, or answers made by myself on this application. In the event of any employment with this company, I will comply with all rules and regulations as set by the company in any communication distributed to the employees.

In compliance with the Immigration Reform and Control Act of 1986, I understand that I am required to provide approved documentation to the company that verifies my right to work in the United States on the first day of employment. I have received from the company a list of the approved documents that are required.

I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I hereby acknowledge that I have read and understand the above statements.

Signature _____ Date _____

Background Screening Consent

Applicant should complete all relevant information and sign and date the form.

I, _____, hereby authorize _____ and/or its agents to make an independent investigation of my background, references, character, past employment, education, credit history, adult criminal or police records, and motor vehicle records including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for service now and, if applicable, during the tenure of my employment or service with _____.

I release _____ and its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used. The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

Full Name (Printed) _____

Maiden Name or Other Names Used _____

Social Security Number: _____ Date of Birth*: ____/____/19____

Present Address _____

City _____ State _____ Zip _____

How Long at Present Address? _____

Former Address _____

City _____ State _____ Zip _____

How Long at Former Address? _____

Please list all states and counties of residence since turning age 18:

(Please circle any of the following states in which you have lived: CA, CO, DE, LA, MA, SD, VT, WV, WY)

Driver's License Number: _____ State of License: _____

Signature of Applicant / Date

*NOTE: The above information is required for identification purposes only, and is in no manner used as qualifications for employment, internship, or service as a volunteer.
_____ abides by all applicable state and federal employment laws.