



## EMPLOYMENT APPLICATION

Please print legibly in ink.

Position Applying For: \_\_\_\_\_

Location: \_\_\_\_\_

Are you willing to work extra hours if provided notice? Yes  No

Date available for employment: \_\_\_\_\_ Can you travel if the job requires it? Yes  No

Have you previously worked for Concordis Senior Living or any of its affiliated facilities? Yes  No

If "Yes", position(s): \_\_\_\_\_ and

Facility(s): \_\_\_\_\_

Last Name	First Name	Middle Name
Are you known by any other name(s): _____		
Street Address		Apt. #
City		State
		Zip Code
Home Phone	Business Phone	Other Phone
E-mail address		

1. Are you a U.S. citizen, U.S. national, lawful permanent resident, lawful temporary resident or applicant thereof, aslep or refugee? *Proof of eligibility will be required before you can be employed.*

Yes  If "Yes", **do not** answer the following question.

No  If "No", please answer the following question.

2. Please state your current non-immigrant status: \_\_\_\_\_

Please also provide the date when this status expires, if any: \_\_\_\_\_

Do you have a valid driver's license? Yes  No

Type of License:  Operator  Commercial (CDL)  Chauffeur

Driver's License

number: \_\_\_\_\_ State of Issue: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Have you had any accidents during the past three (3) years? Yes  No  How many? \_\_\_\_\_

Have you had any violations during the past three (3) years? Yes  No  How many? \_\_\_\_\_

## EMPLOYMENT APPLICATION

<b>Education and Training</b>			
<i>School Name &amp; Location</i>	<i>Major Course of Study</i>	<i>Years Completed</i>	<i>Graduated? Yes/No Degree/Diploma</i>
High School			
College/University			

<b>Professional Licenses/Certifications</b>			
Licenses/Certification	State	License/Certification #	Expiration Date

**Computer Skills:**

PC User   
  Microsoft Access   
  Microsoft Word   
  Microsoft PowerPoint   
  Microsoft Excel  
 Windows   
  Web Page Design/Maintenance   
  Internet   
  E-Mail   
  Microsoft Publisher  
 Microsoft Outlook   
 Other: Please list \_\_\_\_\_   
 Typing \_\_\_\_\_ wpm

**Language(s) spoken other than English:**

\_\_\_\_\_  Speak     Read     Write  
 \_\_\_\_\_  Speak     Read     Write

**Have you ever been convicted of a crime, pled guilty or no contest (*nolo contendere*) had a pretrial intervention or withheld adjudication?** Yes  No  If "Yes", give dates and type of action:




## EMPLOYMENT APPLICATION

### EMPLOYMENT HISTORY FOR THE PAST TEN (10) YEARS

*Include any periods of self-employment or work as an Independent Contractor. Use additional sheets if necessary.*

<b>Name of Company</b>	<b>Employed From/To</b>	<b>Monthly Pay Start/End</b>	<b>Supervisor's Name</b>	<b>Telephone #</b>
<b>Street Address</b>		<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Job Title</b>		<b>Reason for Leaving</b>		
<b>Duties</b>				
If you are presently employed, why do you wish to change? _____				
May we contact your present employer? Yes <input type="checkbox"/> No <input type="checkbox"/>				

<b>Name of Company</b>	<b>Employed From/To</b>	<b>Monthly Pay Start/End</b>	<b>Supervisor's Name</b>	<b>Telephone #</b>
<b>Street Address</b>		<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Job Title</b>		<b>Reason for Leaving</b>		
<b>Duties</b>				

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<b>Street Address</b>		<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Job Title</b>		<b>Reason for Leaving</b>		
<b>Duties</b>				

## EMPLOYMENT APPLICATION

### EMPLOYMENT HISTORY FOR THE PAST TEN (10) YEARS (Cont'd)

<b>Name of Company</b>	<b>Employed From/To</b>	<b>Monthly Pay Start/End</b>	<b>Supervisor's Name</b>	<b>Telephone #</b>
<b>Street Address</b>		<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Job Title</b>		<b>Reason for Leaving</b>		
<b>Duties</b>				

<p><b>Have you ever been discharged or asked to resign?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes", explain fully:</p>

<p><b>Is any member of your immediate family</b> (i.e. parent, foster parent, guardian, spouse, domestic partner, children, sibling, grandparents, grandchildren, in-laws, or other person responsible for raising you.) <b>currently employed at Concordis Senior Living or any of its' facilities?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes", please identify your immediate family member by name and relationship to you.          Name: _____ Relationship _____</p>
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List three (3) professional references			
Name	Address, City, State	Employer	Telephone



## EMPLOYMENT APPLICATION

### WAIVERS AND DISCLOSURES

Please read each section carefully and sign where indicated.

#### AT-WILL EMPLOYMENT

It is my understanding that this employment application, or the granting of an oral interview, does not represent a contract of employment or a promise of future benefits by this organization. I understand and agree that, if hired, my employment will be at-will in nature and may be terminated, with us without cause, at any time, by either myself or the company. I also understand that this written statement supersedes all oral representations made by agents or representatives of this organization.

#### CERTIFICATION OF TRUTH AND ACCURACY

I certify that the information in this application is true, complete and correct. I understand that false answers, statements, or significant omissions made by me on this application shall be sufficient cause for denial of employment or discharge.

#### NOTIFICATION AND AUTHORIZATION TO REQUIRE A DRUG SCREEN

I hereby certify that, if hired, I will disclose any limitations I have that may impact my ability to do the job. I understand that I will be required to undergo a drug screen by the organizations designated lab facility.

#### NOTIFICATION AND AUTHORIZATION TO CONDUCT BACKGROUND INVESTIGATION

I understand a background check will be conducted, and hereby authorize Concordis Senior Living to investigate my background to determine all information of concern as to my record, whether same is of record or not, and I release employers and persons named in my application from all liability for any damages because her/her furnishing said information.

Additionally, you are hereby authorized to make any investigation of my personal history, educational background, military record, motor vehicle records, and criminal records and credit history through an investigative or credit agency or bureau of your choice. I authorize the release of this information by the appropriate agencies to the investigating service. This authorization, in original or copy form, shall be valid for this and for any future reports and updates that may be required.

I understand that passing the background check is a condition of employment. A negative background check can be grounds for dismissal, even if an offer has been made to me and I have been hired.

**Applicant Signature**

**Date**

\_\_\_\_\_

\_\_\_\_\_

Non-Discrimination Policy Concordis Senior Living is committed to the principle of equal opportunity in education and employment. We do not discriminate based on sex, race, color, creed, national origin, age, religion, sexual orientation, gender identity, gender expression, veteran status, or disability in admission to, access to, treatment in, or employment in its facilities and activities.

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_  
Print name of Interviewee

Hired: Yes  No  Date of Hire: \_\_\_\_\_

**An Equal Opportunity Employer and Drug Free Workplace**

Rev. 12/19/16 AP