



APPLICATION FOR EMPLOYMENT

Applicant Information

Equal access to programs, services, and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and or interview process should notify a representative of the Human Resources Department.

Date of Application: _____ Position Applying For: _____

Name: _____

Address: _____
Number, Street & Apt. # City State ZIP Code

Telephone Number: _____ Mobile/Other Number: _____

Email Address: _____

Type of employment desired: Full-Time Part-Time Temporary Seasonal Educations Co-Op

Date Available for Work: _____ What is your desired wage? _____

Referral Source (How did you hear about us?) _____

Have you ever been employed here before? If yes, give dates and positions _____ YES NO

List any friends or relatives working for us: _____

Driver's License number if driving may be required in position for which you are applying _____

Are you below the age of 18? YES NO

Are you legally authorized to work in the United States? YES NO

Have you ever pled "guilty" or "no-contest" to, or been convicted of a crime? YES NO

If yes, please explain _____

Are you currently employed? YES NO

If so may we inquire of your present employer? YES NO

If presently employed, why are you considering leaving? _____

Do you smoke? YES NO

Employment History

Starting with your most recent employer, provide the following information.

Employer	Telephone Number
Street Address	City, State, Zip
Starting Job Title/Final Job Title	Why did you leave?
Immediate Supervisor and Title	May we contact for reference? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Later
Dates Employed: To: From:	Compensation: \$ per <input type="checkbox"/> Hourly <input type="checkbox"/> Salary
Summarize type of work performed and job responsibilities:	
What did you like most about your position?	
What were things you liked least about the position?	

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Skills and Qualifications

Summarize any special training skills, licenses and/or certificates that may assist you in performing the position for which you are applying.

Educational Background

Starting with your most recent school attended, provide the following information.

School (include City & State)	Years Completed	Completed	GPA	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree <input type="checkbox"/> Certificate <input type="checkbox"/> Other		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree <input type="checkbox"/> Certificate <input type="checkbox"/> Other		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree <input type="checkbox"/> Certificate <input type="checkbox"/> Other		

References

List the name and telephone number of three business/work references including former supervisors, managers and/or coworker. Please do not list individuals that are related to you or personal friends.

Name	Title	Relationship to You	Telephone	Years Known

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I understand that any offer of employment is contingent upon satisfactory results of a physical related to my job duties. I agree to submit to any future assessments as required by the position or by law. As part of our pre-employment screening process, Renaissance Senior Care Living requires a release and successful completion of any and/or all of the items listed below:

- A drug screen
- A criminal records check (fingerprinting)
- A thorough personal and business reference check
- A physical examination and TB test
- Any other factors which are deemed to be appropriate

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ Date _____