

APPLICATION FOR EMPLOYMENT

(Please print clearly and fill out completely)



Date _____

PERSONAL INFORMATION

Name _____ Social Security No. _____

Present Address _____
City _____ State _____ Zip _____

Telephone No. _____ Alternate Telephone No. _____

POSITION DESIRED

Position Applying for _____ When can you start? _____

Can you work any shift? Yes No If no, what shift can you work? _____

Are you under 18 years of age? Yes No

If yes, do you have a work permit? Yes No

Have you ever been convicted of a crime? Yes No

Conviction of a criminal offense will not necessarily prevent your employment. If yes, please explain the offense, the date and the place

Have you ever applied to this company before? Yes No When _____

Have you ever worked for any facility in the Elder Outreach Company before including Southwind, Encore, Pelican Pointe, Eastridge, and Broadway? Yes No

When _____ Supervisor _____

Reason for Leaving _____

Please list any friends or relatives currently working at Encore

Name _____ Relationship _____

Name _____ Relationship _____

Can you perform the functions of the job for which you are applying with or without reasonable accommodations?

Yes No If no, please explain _____

EDUCATION

Name and Location of School	Course of Study	Years Completed	Graduated	Degree of Diploma
High School			[] Yes [] No	
College			[] Yes [] No	
Other (specify)			[] Yes [] No	

Professional License or Certificate

Type _____ State Issued In _____ Expiration Date _____

Ever Suspended? [] Yes [] No If yes, please explain when & why. Will not necessarily prevent employment.

EMPLOYMENT RECORD

(Please list most recent employer first)

Employer		Dates Employed		Work Performed
		From	To	
Address (include city/state)				Reason for Leaving
Telephone Number(s)		Hourly rate/salary		
Job Title	Supervisor			Reason for Leaving
Employer		Dates Employed		
		From	To	Reason for Leaving
Address (include city/state)				
Telephone Number(s)		Hourly rate/salary		Reason for Leaving
Job Title	Supervisor			
Employer		Dates Employed		Reason for Leaving
		From	To	
Address (include city/state)				Reason for Leaving
Telephone Number(s)		Hourly rate/salary		
Job Title	Supervisor			Reason for Leaving

In Case of Emergency Please Notify

Name: _____ Relationship: _____

Address: _____

Phone: _____ Alternate: _____

References

Give below three work related references not related to you.

Name & Relationship	Company Name & Address	Telephone No.	Years Acquainted
1.			
2.			
3.			

Employment Understanding & Acknowledgement

I understand that any employment by this community will be on a three (3) month basis. If employed by Encore, I agree to abide by its rules and regulations. I understand that this community will check the references provided in this application, including former employers, supervisors, and schools. I give authorization to these individuals, companies, and schools to furnish information and I release from all liability or responsibility this community, all persons, companies or corporations releasing or using this information.

I understand I will be required to submit other background related information so that various background checks can be conducted. I may also be required at any time to submit to employment physical examinations, drug tests, health screens as per community policy. I give authorization to the community to have access to this information.

I understand that I must produce a driver's license, social security card or other documents proving my identity and right to work in the United States.

I certify that all information disclosed on this application is true and accurate. I understand that my employment is at will, and either party is free to terminate the employment relationship at any time without cause. I also understand that my employment may be terminated for any misstatement or omission of fact appearing on this application.

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, sexual orientation, citizenship status, genetic information or any other legally protected status.

Signature of Applicant

Date



Healthcare. Well beyond *ordinary*.