APPLICATION FOR EMPLOYMENT

(Please print clearly and fill out completely)



Date	An In	dependent and Assisted L	living Community
PERSONAL INFORMATION			
PERSONAL INFORMATION			
Name		_	
Present Address	City	State	Zip
Telephone No	-		
POSITION DESIRED			
Position Applying for	_ When can you start?		
Can you work any shift? [①] Yes [①] 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 Have you ever been convicted of a crime? [] Yes Conviction of a criminal offense will not necessarily prevent your emp	[O] No	xplain the offense, t	he date and the place.
Have you ever applied to this company before? [①] Y	es [O] No	If yes, when?	
Have you ever worked for any facility affiliated with the I facilities Southwind, Encore at Crowley, Pelican Pointe, E at Malvern, Willowbend, Encore at West Little Rock, and	astridge, and The Br		ansas facilities Encore
When?	_Supervisor		
Reason for Leaving			
Please list any friends or relatives currently working at t	he facility you are ar	oplying to.	
Name		Relationship	
Name		Relationship	
Can you perform the functions of the job for which you a reasonable accommodations? [①] Yes [①] No If no, please explain:			

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

Professional License or Certificate

Type_

_____State Issued In_____Expiration Date _____

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

EMPLOYMENT RECORD

(Please list most recent employer first.)

Employer				Work Performed
		Dates En	nployed	
		From	То	
Address (include city/state)				
Telephone Number(s)				Reason for Leaving
		Ηοι		
		Rate/	Salary	
Job Title	Supervisor			
Employer				Work Performed
		Dates Er	nployed	
		From	То	
Address (include city/state)				
Telephone Number(s)				Reason for Leaving
		Ног	ırly	
		Rate/	Salary	
Job Title	Supervisor			
Employer				Work Performed
	Dates Employed		nployed	
		From	То	
Address (include city/state)				
Telephone Number(s)				Reason for Leaving
		Ног	ırly	
		Rate/Salary		
Job Title	Supervisor			

In Case of Emergency Please Notify

Name:	Relationship:
Address:	
Phone:	Alternate:

References

Please provide three work-related references not related to you.

Company Name & Address	Telephone No. Y	ears Acquainted
	Company Name & Address	Company Name & Address Telephone No. Y

Employment Understanding & Acknowledgement

I understand that any employment by this company will be on a three (3) month trial basis. If employed by this company, I agree to abide by its rules and regulations. I understand that this company 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 company and all persons, companies or corporations releasing or using this information.

I understand I will be required to submit other background-related information so various background checks can be conducted. I may also be required at any time to submit to employment physical examinations, drug tests, and/or health screens, as per company policy. I give authorization to the company 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