

## **Employment Application**

All applicants will receive consideration without discrimination because of race, creed, color, religion, sex, age, national origin, handicap or veteran status.

## PERSONAL HISTORY

				/ /	
Last Name	First Name	Middle		Application Date	
Street Address		City	State	Zip	
Mailing Address (if different than above)					
( )					
Telephone		Email Address			
/ /					
Social Security Number		Date available to begin	work		
		\$			
Position Applying for		Expected Pay			
Have you ever applied for employment with us?	Yes No	If yes, month and year			
Are you available for nights and weekends?	Yes No	If not, what hours can	you work?		
Will you work over-time?	Yes No	Are you bondable?	Yes	No	
If hired, could you provide written evidence of the rig	aht to work in this country?	Yes	No		
		105			
In case of emergency, notify		Phone			
Address		Relationship			
Ware you referred by a current employee of the com	2	Yes	No		
Were you referred by a current employee of the company?			Employe	e Name	
EDUCATION & SKILLS			F - 7 -		
Give record of all High Schools, Colleges, Universities	and Special Schools you have atten				
Name of School/Location		Grade Completed or Degree(s)	Subject	s Studied or Major	
L Check if you can operate or do any of the following (	Lleo margin to ovalain a civil act lists	od)			
[ ] Calculator	[ ] List Software Used	cu).	[ ] Other (List)		
[ ] Personal Computer					
Shorthand		-			
		-			
[ ] Transcriber		-			
Have you ever been convicted of, pled guilty or no-contest to a felony or misdemeanor other than a routine traffic violation? [] Yes [] No <b>MILITARY</b>					
Have you been in the military?	Yes No				
Are you currently on active duty or in the reserves?	Yes	No			
Do you have any relatives presently employed by Alta	a Vista Senior Living?	Yes	No Who:		

## **EMPLOYMENT HISTORY**

Please give accurate, complete full-time and part-time work. Start with present or most recent employer.

Company Name	Telephone	
Address	Date Employed (Month & Year)	
	From:	То:
Name of Supervisor	Weekly Pay	
	Start: \$	Last: \$
Job Title & Description of Duties	Reason for Leaving	
Company Name	Telephone	
Address	Date Employed (Month &	& Year)
	From:	То:
Name of Supervisor	Weekly Pay	
	Start: \$	Last: \$
Job Title & Description of Duties Reason for Le		
Company Name	Telephone	
Address	Date Employed (Month & Year)	
	From:	То:
Name of Supervisor	Weekly Pay	
	Start: \$	Last: \$
Job Title & Description of Duties	Reason for Leaving	

## PERSONAL/PROFESSIONAL REFERENCES (Other than family)

Please provide two professional and two personal references.

<u>Name</u>	Address	<u>Phone</u>	<u>Relationship</u>

I authorize Alta Vista Senior Living to communicate with persons listed as references, former employers, and any others with whom the company desires to check. I agree to hold such persons harmless with respect to any information they may give about me.

I understand that any misrepresentation, deception, or false statement made in this Employment Application may result in my not being considered for employment, and if not discovered by the Company until after my becoming employed, is grounds for, and may result in, my immediate termination.

I understand that the Company may require the successful completion of a urinalysis for drug testing purposes as a condition of employment. By submitting this Application for Employment, I hereby consent to said test, at the Company's discretion.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "*at will*" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "*at will*" employment relationship may not be changed by any written documentation or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

If employed, I agree to hold in strictest confidence any information concerning the Company and its Agents which may come to my knowledge.

I personally completed this application and all statements contained herein are truthful.

Signature