



Are you able to perform the essential functions of the job for which you are applying?  Yes  No

If no, please describe the functions that cannot be performed: \_\_\_\_\_

\_\_\_\_\_ (Note: We comply with ADA and consider reasonable accommodation measures that may be necessary for eligible applicants to perform essential functions. Hire may be subject to passing a medical examination, and a skill and/or agility test.)

Do you have any friends or relatives working at this property?  Yes  No

If yes, list name(s) and department: \_\_\_\_\_

Have you ever applied or worked at this property before?  Yes  No

If yes, when? \_\_\_\_\_

Do you currently hold a valid professional license or certification?  Yes  No

If yes, note type(s): C.N.A. \_\_\_\_\_ Med Tech: \_\_\_\_\_  
R.N. \_\_\_\_\_ RCFE Administrator: \_\_\_\_\_  
L.V.N./L.P.N. \_\_\_\_\_ Other: \_\_\_\_\_

State: \_\_\_\_\_ Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**WORK EXPERIENCE**

Please list all employment for the last ten years. Begin with your most recent employment. Please complete even if you have a resume. Attach additional sheets if necessary. Please account for any gaps in employment.

Employer: _____ Job Title: _____	Work Performed
Address: _____	
Supervisor's Name and Title: _____	
Work Phone: _____ May we contact: Yes _____ No _____	
Dates of Employment: From: _____ To: _____	
Hourly Rate/Salary: Starting: _____ Final: _____	
Reason for Leaving: _____	

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Hourly Rate/Salary: Starting: _____ Final: _____	
Reason for Leaving: _____	

**Comments: Include explanation of any gaps in employment.**

**How did you hear about us?** \_\_\_\_\_

**EDUCATION**

**High School**

Name: \_\_\_\_\_ Graduated:  Yes  No

Address: \_\_\_\_\_

**College**

Name: \_\_\_\_\_ Graduated:  Yes  No

Address: \_\_\_\_\_ Major: \_\_\_\_\_ G.P.A. \_\_\_\_\_

**Other**

Name: \_\_\_\_\_ Graduated:  Yes  No

Address: \_\_\_\_\_ Major: \_\_\_\_\_ G.P.A. \_\_\_\_\_

**REFERENCES**

List the name and telephone number of three business/work references who are not related to you. These references should be in addition to those listed on this application. If not applicable, list three personal references that are not related to you.

Name: _____	Relationship: _____	Years Known: ____	Phone: ( ) _____
Name: _____	Relationship: _____	Years Known: ____	Phone: ( ) _____
Name: _____	Relationship: _____	Years Known: ____	Phone: ( ) _____

**Please Read Carefully, Initial Each Paragraph and Sign Below**

\_\_\_\_\_ I acknowledge that if I am employed by the Company, I will have the right to terminate my employment at any time, with or without cause or advance notice. This at-will employment relationship shall remain in effect throughout my employment by the Company and may not be modified by any oral or implied agreement. Furthermore, the at-will nature of my employment may not be modified or abrogated by any oral or written statement(s), including performance evaluations, the granting of salary increases, bonuses, or promotions, or by the length of my employment. I understand that only a written contract signed the Company's president may alter this at-will employment relationship.

\_\_\_\_\_ I certify that the information submitted in this application is true and correct. I further certify that I have not knowingly withheld any information which might adversely affect my chances for employment, and that I, the undersigned applicant, have personally completed this application. I understand that if any misrepresentation is found or the results of the investigations are not satisfactory, any offer of employment may be withdrawn, and that if I am already employed, my employment may be terminated immediately.

\_\_\_\_\_ I specifically authorize the Company to thoroughly investigate my references, work record (including performance and discipline histories), education, and all other matters related to my suitability for employment. I further authorize the references and prior employers I have listed to disclose to the Company any and all letters, reports, review and disciplinary materials, and other information related to my work records and performance, without providing me with prior notice of such disclosure. In addition, I hereby release the Company, my former employers, and all other persons and entities from any and all claims, demands or liabilities arising out of, or in any way related to, such investigation or disclosure, including but not limited to claims for defamation, slander, libel, negligent or fraudulent misrepresentation, and invasion of privacy.

I hereby request a copy of any public record report obtained on me during the application/hiring process (\_\_\_\_\_) initials

\_\_\_\_\_ I understand that I must complete and submit the Employment Verification Form (I-9) by providing documentation to establish identity and employment eligibility within three business days of the date employment begins.

\_\_\_\_\_ I hereby agree to submit to binding arbitration all disputes and claims arising out of the submission of this application. I further agree that, in the event that I am hired by the Company, all disputes arising out of my employment by the Company, whether during or after said employment, will be submitted to binding arbitration in accordance with the National Rules for the Resolution of Employment Disputes, as promulgated by the American Arbitration Association, and judgment on any award rendered by the arbitrator may be entered in any court having jurisdiction thereof.

**By signing this application, I further certify that I have read and understand everything contained in this application, including the at-will employment and arbitration provisions set forth above. Furthermore, I have had the opportunity to consult with an attorney prior to executing this application.**

Date: \_\_\_\_\_

\_\_\_\_\_  
Applicant Name (Printed)

\_\_\_\_\_  
Signature