

# EMPLOYMENT APPLICATION



**To Applicant:** (Community Name) is an equal opportunity employer and makes all employment decisions without regard to race, color, national origin, religion, sex, age, disability or status as a disabled veteran or veteran of the Vietnam era. We deeply appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications.

## PERSONAL INFORMATION

PLEASE PRINT ALL INFORMATION:

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

Name \_\_\_\_\_  
Last First Middle

Telephone#: \_\_\_\_\_ Email \_\_\_\_\_

Present Address \_\_\_\_\_  
Street Apt. City State Zip Code

Previous Address: \_\_\_\_\_  
Street Apt. City State Zip Code

How long have you lived at present address? \_\_\_\_\_ How long at previous address? \_\_\_\_\_

Are you at least 18 years old? \_\_\_\_\_

Are you legally eligible for employment in the USA? \_\_\_\_\_ Do you have reliable transportation to work? \_\_\_\_\_

Position(s) you are applying for: \_\_\_\_\_ Rate of pay expected per hour \$ \_\_\_\_\_

Work Status Needed (circle your preference): FULL-TIME PART TIME PRN

Please list your preferred shift (work hours): 1st Choice \_\_\_\_\_ 2nd Choice \_\_\_\_\_

Were you previously employed by (Company Name)? \_\_\_\_\_ If yes, what year? \_\_\_\_\_

Do you have any friends or relatives working for The Glenview at Pelican Bay? \_\_\_\_\_

How did you learn of this position? \_\_\_\_\_

Have you ever been bonded: \_\_\_\_\_ If yes, for what job (s) ? \_\_\_\_\_

Are you excluded from participation in Federal Health Care Programs? \_\_\_\_\_ If yes, please explain:  
\_\_\_\_\_

On what date would you be available to begin work? \_\_\_\_\_

# EMPLOYMENT RECORD

List below present and past employment, beginning with your most recent. Please complete all information in full even when submitting a resume.

1. Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone number: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Position Held: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Salary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

2. Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone number: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Position Held: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Salary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

3. Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone number: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Position Held: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Salary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

4. Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone number: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Position Held: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Salary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact your former employers? \_\_\_\_\_ If not, which employers do you not want us to contact? \_\_\_\_\_

Why would you like to work at (Community Name)? \_\_\_\_\_

## **EDUCATION RECORD**

High School      Name: \_\_\_\_\_ State: \_\_\_\_\_ Did you graduate? \_\_\_\_\_

GED      Where: \_\_\_\_\_ State: \_\_\_\_\_

College      Name: \_\_\_\_\_ State: \_\_\_\_\_ How Long? \_\_\_\_\_

Course of Study: \_\_\_\_\_ Degree: \_\_\_\_\_

Name: \_\_\_\_\_ State: \_\_\_\_\_ How Long? \_\_\_\_\_

Course of Study: \_\_\_\_\_ Degree: \_\_\_\_\_

Other: \_\_\_\_\_ How Long? \_\_\_\_\_

Course of Study: \_\_\_\_\_ Degree/Diploma \_\_\_\_\_

Certifications or Licensures (Please be specific): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List any other experiences, skills, hobbies or qualifications that may benefit our organization: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **MILITARY SERVICE RECORD**

Were you in the US Armed Forces? \_\_\_\_\_ If so, what branch? \_\_\_\_\_

Dates of duty: From \_\_\_\_\_ to \_\_\_\_\_ Rank at Discharge: \_\_\_\_\_

List duties in the service: \_\_\_\_\_

# **PROFESSIONAL REFERENCES**

NO RELATIVES PLEASE.

<b>Name:</b> _____ <b>Occupation:</b> _____ <b>Address:</b> _____ _____ <b>Phone #:</b> _____	<b>Name:</b> _____ <b>Occupation:</b> _____ <b>Address:</b> _____ _____ <b>Phone #:</b> _____
<b>Name:</b> _____ <b>Occupation:</b> _____ <b>Address:</b> _____ _____ <b>Phone #:</b> _____	<b>Name:</b> _____ <b>Occupation:</b> _____ <b>Address:</b> _____ _____ <b>Phone #:</b> _____

## **Please read and sign below:**

I understand that by submitting this application, I am applying for a job at Glenview at Pelican Bay (hereafter known as the "Community"). I further understand that if hired, I will be employed by LCS Community Employment LLC (hereafter known as the "Employer") which will exercise exclusive control over the terms and conditions of my employment. Any reference to the Community's location or use of its logo on application and employment materials or any reference to LCS or use of its logo on application and employment materials is marketing and branding purposes, and is not intended to create an employment relationship. I understand that nothing contained in this application or in the interview process is intended to create an employment contract between the Employer or the Community or LCS and me. If I am employed by the employer, I will be an employee-at-will. This means that both the Employer and I have the right to terminate my employment at any time, for any reason, with or without cause. I acknowledge that upon receiving an offer of employment, I will be required to successfully complete all the pre-employment requirements such as a physical, PPD skin test, drug screen, background check, driving record check, OIG and references.

The Employer is an equal opportunity employer and makes all employment decisions without regard to race, color, national origin, religion, sex, age, disability or status as a disabled veteran or veteran of the Vietnam era.

The facts set forth in my application for employment are true and complete. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal.

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