



Mallard Cove Senior Living Application for Employment

We are an equal opportunity employer – company policy prohibits discrimination on any basis protected by Federal, state, or local laws.

APPLICANT INFORMATION					
Full name:		Social Security No.:			
Current address:					
City:		State:		Zip:	
Phone:					
If hired, can you provide verification of your legal right to work in the US?					<input type="checkbox"/> No <input type="checkbox"/> Yes
Are you under 18 years of age?		<input type="checkbox"/> No <input type="checkbox"/> Yes		Are you currently employed?	
				<input type="checkbox"/> No <input type="checkbox"/> Yes	
May we contact your present employer?			<input type="checkbox"/> No <input type="checkbox"/> Yes – <u>if yes, contact number:</u>		
Other name(s) under which you have been employed:					
If required for the position, do you have a valid driver's license?					<input type="checkbox"/> No <input type="checkbox"/> Yes
Have you ever <u>applied</u> at this company before?			<input type="checkbox"/> N <input type="checkbox"/> Y– <u>if yes, give date & position applied for:</u>		
Below, please provide the names of friends and/or relatives employed or living at this location:					
Have you ever been <u>employed</u> at this company before?			<input type="checkbox"/> N <input type="checkbox"/> Y– <u>if yes, give dates/positions held:</u>		
Do you have restrictions/obligations that would prevent you from working overtime?					<input type="checkbox"/> N <input type="checkbox"/> Y
If hired, would there be any reasons that may cause absenteeism, lateness or early departure:					
<input type="checkbox"/> No <input type="checkbox"/> Yes– <u>if yes, please explain here:</u>					
Will you require any accommodations or have any work restrictions to perform the basic functions of the position for which you are applying?					
<input type="checkbox"/> Yes <input type="checkbox"/> No– <u>if no, accommodation needed:</u>					
Have you ever been convicted of a felony or misdemeanor other than a minor traffic violation even if the record has been sealed?			<input type="checkbox"/> N <input type="checkbox"/> Y– <u>if yes, list dates, offenses and disposition:</u>		
**Due to the nature of our business and our concern for the residents for whom we provide care, it is important that you answer the following question: Have you ever been disciplined and/or terminated for abusing the elderly or any individual under your care?					
<input type="checkbox"/> N <input type="checkbox"/> Y– <u>if yes, list dates, offenses and disposition:</u>					
<i>(**Listed convictions are not an automatic disqualification from employment.)</i>					
Name of person to notify in an emergency:					
Address:					
City:		State:		Zip:	
Phone:					
EMPLOYMENT INTERESTS					
1st Choice:		2nd Choice:		Date available:	

Days Available:	Sunday <input type="checkbox"/>	Monday <input type="checkbox"/>	Tuesday <input type="checkbox"/>	Wednesday <input type="checkbox"/>	Thursday <input type="checkbox"/>	Friday <input type="checkbox"/>	Saturday <input type="checkbox"/>
Desired Hours:							
Desired salary:	\$	Type of employment:		<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> Temp <input type="checkbox"/> Summer			
How were you referred to our company?							
<input type="checkbox"/> Advertisement		<input type="checkbox"/> Other Company		<input type="checkbox"/> Agency		<input type="checkbox"/> Employment Service <input type="checkbox"/> Employee	
<input type="checkbox"/> School		<input type="checkbox"/> Self		<input type="checkbox"/> Other (name of referral source):			
EMPLOYMENT HISTORY							
Give employment records as completely as possible, listing current or most recent employers first. Show unemployed or self-employed periods and indicate dates on each period. Resumes may be submitted, but not as a substitute for the following information. If additional space is required, please attach a separate sheet.							
Dates employed (m/y to m/y):		to		Company name:			
Address:							
City:		State:		Zip:		Phone:	
Salary-start:		\$		<input type="checkbox"/> Hr <input type="checkbox"/> Mo <input type="checkbox"/> Yr		Salary-finish:	
		\$		<input type="checkbox"/> Hr <input type="checkbox"/> Mo <input type="checkbox"/> Yr			
Supervisor-name and title:							
Type of business:							
List below, description of duties							
Reason for leaving?				May we contact?			
				<input type="checkbox"/> N <input type="checkbox"/> Y			
Dates employed (m/y to m/y):		to		Company name:			
Address:							
City:		State:		Zip:		Phone:	
Salary-start:		\$		<input type="checkbox"/> Hr <input type="checkbox"/> Mo <input type="checkbox"/> Yr		Salary-finish:	
		\$		<input type="checkbox"/> Hr <input type="checkbox"/> Mo <input type="checkbox"/> Yr			
Supervisor-name and title:							
Type of business:							
List below, description of duties							
Reason for leaving?				May we contact?			
				<input type="checkbox"/> N <input type="checkbox"/> Y			
Dates employed (m/y to m/y):		to		Company name:			
Address:							
City:		State:		Zip:		Phone:	
Salary-start:		\$		<input type="checkbox"/> Hr <input type="checkbox"/> Mo <input type="checkbox"/> Yr		Salary-finish:	
		\$		<input type="checkbox"/> Hr <input type="checkbox"/> Mo <input type="checkbox"/> Yr			
Supervisor-name and title:							
Type of business:							
List below, description of duties							

Reason for leaving?		May we contact?		<input type="checkbox"/> N <input type="checkbox"/> Y
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EDUCATION HISTORY

School or Institution	Name and Address of School	Course of Study	Units Completed & GPA	Degree or Diploma
High School				
College/University				
College/University				
Other:				

Are you taking any educational courses at present?	<input type="checkbox"/> N <input type="checkbox"/> Y-if yes, indicate course(s) and school:
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ADDITIONAL INFORMATION, TRAINING AND SKILLS

Complete the following areas that are applicable to the position for which you are applying, exclude affiliations which indicate race, religion, sex, age or any other factor protected by Federal, state or local laws.

List below, extra curricular activities which would relate to the position:

List below, past and present community and/or professional affiliations and offices held:

List below, other experience, training, qualifications or skills which you think make you especially suited for this position:

PROFESSIONAL REFERENCES

List people we may contact who are qualified to evaluate your capabilities; please do not include relatives.

Name:		Occupation:	
Address:			
City:		State:	
		Zip:	
Phone:			
Years known?			
Name:		Occupation:	
Address:			
City:		State:	
		Zip:	
Phone:			
Years known?			
Name:		Occupation:	
Address:			
City:		State:	
		Zip:	
Phone:			
Years known?			

Applicant's Statement:

Please read the following statements carefully before signing this application. Only signed and dated applications are considered valid.

I certify all answers or statements I have made on this application, on my resume or on other supplementary materials are true and correct without omissions. I acknowledge any false statement or misrepresentation on this application, accompanying resume or supplementary materials will be cause for refusal to hire or for immediate dismissal from employment at any time during the period of my employment.

I authorize my past employers and/or schools to furnish any information concerning my previous employment and/or education. I realize this company and all persons and organizations from all claims and liabilities of any nature arising from such investigations or the supply of information for such investigations.

I have no objection to signing an employee agreement on confidential information, taking a physical/medical examination when deemed necessary or making application for a fidelity bond. If hired, I will be required to submit proof of my eligibility to work in the United States.

A consumer credit report and criminal background check may be obtained as part of the procedure relating to this application. In the event a consumer credit report obtained, and if the applicant wishes a copy, whether the report is positive or negative, Mallard Cove Assisted Living will provide, upon request, the name, address and telephone number of the consumer credit reporting agency.

I understand nothing contained in this application or in the interview process is intended to create a contract between the company and myself for either employment or for the providing of benefits. I understand my employment is at-will and, as such, is for no definite period of time and may be terminated at any time by the company or by me, with or without cause and no one can guarantee me lifetime employment.

I have read and understand the foregoing statements and accept the same as conditions of employment.

Applicant's Signature:		Date:	
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