

Tree of Life Assisted Living, LLC

APPLICATION FOR EMPLOYMENT

All qualified applicants are considered regardless of race, religion, sex, age, national origin, or handicap.

Full Name _____ Date _____
 Street Address _____
 City _____ State _____ Zip Code _____
 Phone (days) _____ Phone (eves) _____
 Position applied for _____ Date available to start _____
 Referred by (newspaper ad, person, agency, etc.) _____
 Employment preference: Full-time _____ Part-time _____ Temporary or Summer _____
 Days _____ Swing _____ Nights _____
 Are you able to work some weekends _____ Holidays _____

Please describe any commitments or outside responsibilities which would require your absence from work: _____

Have you ever worked for this company before? If yes, when? _____

Name of relatives in our employment _____

Please check if you are under age 18: _____ (a work permit would be required)

Is there any type of work which your physical condition prohibits, or have you ever been advised by a doctor not to perform certain types of work? If yes, please explain: _____

If hired, can you present evidence of your U.S Citizenship or proof of your legal right to live & work in this Country?
 Yes _____ No _____

For jobs which involve driving: Do you have a valid driver's license? Yes _____ No _____
 License # and State Issued _____

RECORD OF EMPLOYMENT

Name of Current/Most Recent Employer	Address	Telephone	Type of Business
Dates Employed	Rates of Pay		Reason for Leaving
From	To	Starting	Ending
Mo. Yr.	Mo. Yr.		
List of jobs you held, duties performed, skills used or learned, advancements or promotions.			

May we contact your current employer? Yes _____ No _____

Name of Next Previous Employer		Address		Telephone	Type of Business
Dates Employed		Rates of Pay		Reason for Leaving	Supervisor's Name/Title
From	To	Starting	Ending		
Mo. Yr.	Mo. Yr.				
List of jobs you held, duties performed, skills used or learned, advancements or promotions.					

May we contact this employer? Yes _____ No _____

Name of Next Previous Employer		Address		Telephone	Type of Business
Dates Employed		Rates of Pay		Reason for Leaving	Supervisor's Name/Title
From	To	Starting	Ending		
Mo. Yr.	Mo. Yr.				
List of jobs you held, duties performed, skills used or learned, advancements or promotions.					

May we contact this employer? Yes _____ No _____

Name of Next Previous Employer		Address		Telephone	Type of Business
Dates Employed		Rates of Pay		Reason for Leaving	Supervisor's Name/Title
From	To	Starting	Ending		
Mo. Yr.	Mo. Yr.				
List of jobs you held, duties performed, skills used or learned, advancements or promotions.					

May we contact this employer? Yes _____ No _____

Have you ever worked under another name? Yes _____ No _____ If yes, what name and for which companies? _____

EDUCATION (circle last year completed):	<u>School Name</u>	<u>Degree or Subject</u>
High School 9 10 11 12	_____	(not applicable) _____
College 1 2 3 4	_____	_____
Graduate School 1 2 3 4	_____	_____
Other job-related courses/education	_____	

PERSONAL REFERENCES (do not list any relatives or former employers listed above):

<u>Name</u>	<u>Home Phone</u>	<u>Work Phone</u>	<u>Relationship</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Use the space below to describe your interest in our Community, along with the skills and aptitudes that you feel qualify you for a position with us: _____

PLEASE READ CAREFULLY AND INITIAL EACH PARAGRAPH BEFORE SIGNING THE APPLICATION

_____ I certify that all of the statements made by me on this application and in any interview are true, complete, and correct to the best of my knowledge. I hereby grant permission to Tree of Life Assisted Living, LLC and its personnel to confirm by personal inquiry or otherwise the information I give in the employment process. I understand that any willful misrepresentation or omission of facts given in this process is grounds for rejection of this application and dismissal if employed

_____ I hereby authorize the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

