

# APPLICATION FOR EMPLOYMENT

(Please print clearly and fill out completely)



Healthcare. Well beyond *ordinary*.

Date \_\_\_\_\_

## PERSONAL INFORMATION

Name \_\_\_\_\_

Present Address \_\_\_\_\_  
City State Zip

Telephone No. \_\_\_\_\_ Email Address \_\_\_\_\_

## POSITION DESIRED

Position Applying for \_\_\_\_\_ When can you start? \_\_\_\_\_

Can you work any shift?  Yes  No If no, what shift can you work? \_\_\_\_\_

Are you under 18 years of age?  Yes  No

If yes, do you have a work permit?  Yes  No

Have you ever been convicted of a crime?  Yes  No

Conviction of a criminal offense will not necessarily prevent your employment. If yes, please explain the offense, the date and the place.

Have you ever applied to this company before?  Yes  No If yes, when? \_\_\_\_\_

Have you ever worked for any facility affiliated with the Elder Outreach Company, including Louisiana facilities Southwind, Encore at Crowley, Pelican Pointe, Eastridge, and The Broadway OR Arkansas facilities Encore at Malvern, Willowbend, Encore at West Little Rock, and Three Rivers?  Yes  No

When? \_\_\_\_\_ Supervisor \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Please list any friends or relatives currently working at the facility you are applying to.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Can you perform the functions of the job for which you are applying with or without reasonable accommodations?  Yes  No

If no, please explain: \_\_\_\_\_

## EDUCATION

Name and Location of School	Course of Study	Years Completed	Graduated	Degree of Diploma
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (specify)			<input type="checkbox"/> Yes <input type="checkbox"/> No	

### Professional License or Certificate

Type \_\_\_\_\_ State Issued In \_\_\_\_\_ Expiration Date \_\_\_\_\_

Ever Suspended?  Yes  No If yes\*, please explain when & why. \*will not necessarily prevent employment

## EMPLOYMENT RECORD

(Please list most recent employer first.)

<b>Employer</b>		Dates Employed		Work Performed
		From	To	
Address (include city/state)				Reason for Leaving
Telephone Number(s)		Hourly Rate/Salary		
Job Title	Supervisor			
<b>Employer</b>		Dates Employed		Work Performed
		From	To	
Address (include city/state)				Reason for Leaving
Telephone Number(s)		Hourly Rate/Salary		
Job Title	Supervisor			
<b>Employer</b>		Dates Employed		Work Performed
		From	To	
Address (include city/state)				Reason for Leaving
Telephone Number(s)		Hourly Rate/Salary		
Job Title	Supervisor			

**In Case of Emergency Please Notify**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Alternate: \_\_\_\_\_

**References**

Please provide three work-related references not related to you.

Name & Relationship	Company Name & Address	Telephone No.	Years Acquainted
1.			
2.			
3.			

**Employment Understanding & Acknowledgement**

I understand that any employment by this company will be on a three (3) month trial basis. If employed by this company, I agree to abide by its rules and regulations. I understand that this company will check the references provided in this application, including former employers, supervisors, and schools. I give authorization to these individuals, companies, and schools to furnish information, and I release from all liability or responsibility this company and all persons, companies or corporations releasing or using this information.

I understand I will be required to submit other background-related information so various background checks can be conducted. I may also be required at any time to submit to employment physical examinations, drug tests, and/or health screens, as per company policy. I give authorization to the company to have access to this information.

I understand that I must produce a driver's license, social security card, or other documents proving my identity and right to work in the United States.

I certify that all information disclosed on this application is true and accurate. I understand that my employment is at will, and either party is free to terminate the employment relationship at any time without cause. I also understand that my employment may be terminated for any misstatement or omission of fact appearing on this application.

**We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, sexual orientation, citizenship status, genetic information, or any other legally protected status.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date