

ARCHSTONE CARE CENTER

Application for Employment

We are an equal opportunity employer. All applicants are considered for employment based upon their qualifications without regard to race, color, religion, sex, national origin, age, disability, citizenship or veteran status.

Date of Application: _____

INTRODUCTORY INFORMATION

Last Name _____ First Name _____ Middle Initial _____ Social Security Number _____

Present Address: Street Number _____ City _____ State _____ Zip _____ Telephone _____

Permanent Address: Street Number _____ City _____ State _____ Zip _____ Telephone _____

Are you a U.S. Citizen or an alien authorized to work in the U.S. yes no

If less than 19 years of age state your age: _____

EMPLOYEMENT DESIRED

Position desired: _____ Date You Can Work: _____ Salary Desired: _____

Are you available to work? Full-time _____ Part-time _____ On-call basis _____

Are you willing to travel? Yes No _____ Are you willing to relocate? Yes No _____

Are you willing to work any shift? Yes No _____ If No, during what hours are you available? _____

What days of the week are you available? Sun Mon Tue Wed Thu Fri Sat

Are you currently on lay-off or inactive status with any employer or other organization and subject to being recalled to work or given a work assignment by that employer or organization? Yes No

If yes, state the approximate date you anticipate being recalled to work or given a work assignment. _____

Have you ever applied to work for this company before? Yes No

If yes, state when, where and the position(s) you held and why you left: _____

Have you ever been employed by this company before? Yes No

If yes, state when, where and the position(s) you held and why you left: _____

Do you know anyone who works here? Yes No If yes, who? _____

How were you referred to the company? _____

Have you ever been employed under a different name? Y N _____ If yes, state the name and whom you were employed by when you used it. _____

Are you currently subject to an agreement with any employer under which you have agreed not to work for a competitor of that employer or solicit clients of customers of that employer? Y N _____ If yes, explain. _____

Have you ever been discharged or asked to resign by an employer? Y N _____ If yes, explain. _____

Except for vacations, holidays and periods of disability, how many days were you absent from work in the last 12 months? _____

EDUCATION AND TRAINING

Name and location of school attended	Highest Grade Attended	Did you Graduate?	Degree(s) Received	Areas of Study	Job-Related Courses/Skills Acquired
ELEMENTARY AND HIGH SCHOOL					
COLLEGE AND GRADUATE SCHOOL					
TRADE OR TECHNICAL SCHOOL					

Have you ever served in the United States Armed Forces? Yes No
 If yes, state the branch in which you served and list any job-related skills you acquired or duties you performed:

MISCELLANEOUS INFORMATION

SPECIAL SKILLS	To the extent you have not already done so earlier in this application, summarize any special skills or qualifications you have which relate to the position for which you are applying:
CRIMINAL RECORD	Have you ever been convicted of a crime, other than a minor traffic offense? Yes No If yes, explain: A RECORD OF A CRIMINAL CONVICTION DOES NOT NECESSARILY SERVE AS A BAR TO EMPLOYEMENT.
DRIVER'S LICENSE	Do you have a valid driver's license? Yes No License Number _____ State Issued: _____ Has your driver's license ever been suspended or revoked? Yes No If yes, explain:
DRIVING RECORD	Have you been cited for any moving violations in the last 5 years? Yes No If yes, explain: Have you had any accidents in the last 5 years? Yes No If yes, explain:

REFERENCES

PLEASE PROVIDE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST 1 YEAR.

NAME	ADDRESS	BUSINESS	YEARS KNOWN

EMPLOYMENT HISTORY

PRESENT OR LAST EMPLOYER

Company Name	Address	City	State	Zip	Phone Number
Nature of Business: _____			Name and Title of Supervisor: _____		
Starting Position: _____			Starting Salary: _____ Ending Salary: _____		
Final Position: _____			Hours worked per week: _____		
Dates of Employment: From _____ To _____					
Description of Work and Responsibilities: _____					
Reason for leaving: _____					
					May we contact this employer: Y N

Company Name	Address	City	State	Zip	Phone Number
Nature of Business: _____			Name and Title of Supervisor: _____		
Starting Position: _____			Starting Salary: _____ Ending Salary: _____		
Final Position: _____			Hours worked per week: _____		
Dates of Employment: From _____ To _____					
Description of Work and Responsibilities: _____					
Reason for leaving: _____					
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Dates of Employment: From _____ To _____					
Description of Work and Responsibilities: _____					
Reason for leaving: _____					
					May we contact this employer: Y N

PLEASE CONTINUE LISTING PRIOR EMPLOYMENT ON A SEPARATE SHEET IF NECESSARY

PLEASE READ THE FOLLOWING PARAGRAPHS CAREFULLY.

I certify that all of the information I have supplied on this application is true, accurate and complete to the best of my knowledge and that I have not knowingly withheld any information which, if known to the Company, would affect my application unfavorably. I understand that any false, misleading and/or incomplete statements on this application, and/or in any interview, constitutes grounds for, and will cause, the Company not to employ me, or if I am employed to terminate my employment.

I authorize an investigation to be conducted concerning all of the information I have supplied on this application and all other information, which the Company deems to be relevant to my qualifications for employment. I further authorize my present employer, my former employers, any educational institution and any law enforcement organization, any consumer reporting agency, any professional or personal references, or any other appropriate source or individual to provide all information that is requested in connection with such investigation. I release the Company and all named and unnamed sources from any and all liability which may result from furnishing information concerning me.

I agree to take any lawful examination or test, including any drug and/or alcohol test, required by the Company as a condition of my being hired, or if I am hired, as a condition of my continued employment. I further agree that my refusal to take any such lawful examination or test constitutes grounds for, and will cause, the Company not to employ me, or if I am employed, to terminate my employment. I release the Company and all named and unnamed sources from any and all liability which may result from furnishing information concerning me.

If I am employed, I agree that in consideration for my employment, I will conform to the rules and regulations of the Company. I understand that those rules and regulations may be altered, amended or repealed by the Company at any time, at the Company's sole option and without prior notice to employees.

I acknowledge that if I am employed, my employment and compensation can be terminated at any times, with or without cause or notices, at the option of either the Company or myself. I understand that no representative of the Company has any authority to enter into any agreement for employment for any specified period of time, to assure any benefits or terms and conditions of employment, or to make any agreement contrary to the foregoing, except the President of the Company, who may only do so in writing.

This employment application will be considered active for thirty (30) days from the date it is completed. After that period, a new application must be submitted for an applicant to be reconsidered for a position.

Signature _____

Date _____