

# APPLICATION FOR EMPLOYMENT

(Please print clearly and fill out completely)



Date \_\_\_\_\_

## PERSONAL INFORMATION

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

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

Telephone No. \_\_\_\_\_ Alternate Telephone No. \_\_\_\_\_

## 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 When \_\_\_\_\_

Have you ever worked for any facility in the Elder Outreach Company before including Southwind, Encore, Pelican Pointe, Eastridge, and Broadway?  Yes  No

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

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

Please list any friends or relatives currently working at Southwind

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)

Employer		Dates Employed		Work Performed
		From	To	
Address (include city/state)				Reason for Leaving
Telephone Number(s)		Hourly rate/salary		
Job Title	Supervisor			
Employer		Dates Employed		Work Performed
		From	To	
Address (include city/state)				Reason for Leaving
Telephone Number(s)		Hourly rate/salary		
Job Title	Supervisor			
Employer		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**

Give below 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 community will be on a three (3) month basis. If employed by Southwind, I agree to abide by its rules and regulations. I understand that this community 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 community, all persons, companies or corporations releasing or using this information.

I understand I will be required to submit other background related information so that various background checks can be conducted. I may also be required at any time to submit to employment physical examinations, drug tests, health screens as per community policy. I give authorization to the community 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



Healthcare. Well beyond *ordinary*.