



EMPLOYMENT APPLICATION

Print Only- No Handwriting (except for signature)		NOTE: We are an At-Will Employer	
Position Applied for: _____		Desired Pay Range: _____	
How many hours can you work a week? _____		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Either	
Name: _____			
_____		_____	
First		Middle	
_____		_____	
Last			
Have you ever used another name? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Street Address: _____			
Number/ Street		City	
_____		_____	
State		Zip	
_____		_____	
Mailing Address: _____			
Number/ Street or PO BOX		City	
_____		_____	
State		Zip	
_____		_____	
Driver's License Number: _____		Social Security Number: _____ - _____ - _____	
Have you ever had your driver's license suspended or revoked: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Telephone Number: _____		Alternative Phone Number: _____	
Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		If under 18 can you, after employment submit a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name and address of person to be notified in case of accident or emergency:			
Address: _____		Telephone Number: _____	
Check which days you ARE available to work:		Are you willing to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> 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	
Are there any regular days, hours, or shifts you are NOT available to work? If so, please list: 			
Can you, after employment, submit verification of your legal right to work in the us? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Work Experience

List the jobs held in the last 5 years, with the most recent first.

May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name of Employer:	Address:	Dates Worked:	Supervisor:
Phone:			
Job Title and Type of Work:		Reason for Leaving:	
List of general duties performed:			
Name of Employer:	Address:	Dates Worked:	Supervisor:
Phone:			
Job Title and Type of Work:		Reason for Leaving:	
List of general duties performed:			
Name of Employer:	Address:	Dates Worked:	Supervisor:
Phone:			
Job Title and Type of Work:		Reason for Leaving:	
List of general duties performed:			
Do you have any other job experience that would help you with the job you are applying for? If yes, please explain:			
Educational Background			
High School:	College:	Other Training Programs:	
Highest Grade Completed:	Highest Grade Completed:		
	Degrees:		
List all abilities and skills you have:			

References				
Please list three references (non-family members)				
Name:	Phone #:			
Relationship:	Years Known:			
Name:	Phone #:			
Relationship:	Years Known:			
Name:	Phone #:			
Relationship:	Years Known:			
Application Acknowledgements				
Please read carefully, ask questions about anything you don't understand.			Yes	No
At-Will Employment: This company maintains an At-Will Employment arrangement with all employees. I understand that if hired, the employment will not be permanent; instead the employment will be At-Will meaning that either party may terminate this agreement at any time, with or without cause, at will.				
Non-Discrimination Policy: I understand this company does not discriminate against applicants because of race, creed, color, religion, gender, or sexual preference, and that hiring is based on qualifications, personal characteristics, background check, and interview.				
Fingerprint Clearance This company will deduct the full amount for fingerprints out of the first pay period for new employees. Upon completion of 90day probationary period reimbursement for half the fingerprint fee will be added on to your payroll. <input type="checkbox"/> Yes Clearance <input type="checkbox"/> No Clearance Office Initials:				
Who referred you to Life Spire Assisted Living?				
Information Verification: I hereby give my permission for this company to contact the previous employers, schools and other contacts I have listed here and hereby release this company, and listed contacts from any liability arising from such communication of information. I understand that any falsification of this information is just cause to refuse hiring, and falsifications discovered later, if hired, will be grounds for immediate termination.				
Applicant's Signature:			Date:	
Thank you for your interest in our company				