

APPLICATION FOR EMPLOYMENT

(Please print clearly and fill out completely)



⊗ A Non-Profit Organization

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, Pelican Pointe, Eastridge, and The Broadway OR Arkansas facilities Encore, Willowbend, Pleasant Valley, 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.)

| | | | | |
|------------------------------|------------|--------------------|----|--------------------|
| 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

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