

EMPLOYMENT APPLICATION

PERSONAL DATA				
Last Name	First Name	Middle Name	Date Application Completed	
Cell Phone ()	Home Phone ()		Email Address	
Address	City	State	Zip Code	Length of Residence
JOB INTERESTS				
Position Applying For:	How were you referred to us?	Date Available for Work?	Anticipated Wage:	
Why would you like to work for this community?				
Please indicate your full availability below				
Work Status		Shifts Available		Days Available
<input type="checkbox"/> Full-Time		<input type="checkbox"/> First Shift		<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday
<input type="checkbox"/> Part-Time)		<input type="checkbox"/> Second Shift		<input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday
<input type="checkbox"/> PRN (as needed)		<input type="checkbox"/> Third Shift		<input type="checkbox"/> Sunday
EDUCATION				
Circle the Highest level of education completed:		9 10 11 12 High School Diploma Associate Bachelors Masters		
Name of College or Undergraduate Education / School:		Degree		Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No
LICENSE / CERTIFICATIONS / SKILLS				
Type of License/Certification (s)	State of Issue	Expiration Date	License Number	Any restrictions or pending actions against license?
Type of License/Certification (s)	State of Issue	Expiration Date	License Number	Any restrictions or pending actions against license?
List any other experiences, skills, hobbies, or qualifications that may benefit our organization:				
GENERAL INFORMATION				
Are you legally authorized to work in the USA?	<input type="checkbox"/> Yes <input type="checkbox"/> No		If you become an employee of this community you will be required to provide documentation proving your eligibility to work in the USA	
Do you have reliable transportation to work?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Are you at least 18 years old?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you excluded from Participation in Federal Health Care Programs?	<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please explain:	
Have you ever been bonded?	<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, for what job(s)?	
Have you been employed by this community or one of its sister communities?	<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, give location and dates:	

EMPLOYMENT HISTORY

Company Name (present or most recent employer)		Employment Dates		
		From:		To:
Company Address	City	State	Wage: \$ <input type="checkbox"/> Per Hour / <input type="checkbox"/> Annual	
Supervisor's Name		Telephone Number ()		May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Job Title & Reason for Leaving?				

Company Name (present or most recent employer)		Employment Dates		
		From:		To:
Company Address	City	State	Wage: \$ <input type="checkbox"/> Per Hour / <input type="checkbox"/> Annual	
Supervisor's Name		Telephone Number ()		May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Job Title & Reason for Leaving?				

Company Name		Employment Dates		
		From:		To:
Company Address	City	State	Wage: \$ <input type="checkbox"/> Per Hour / <input type="checkbox"/> Annual	
Supervisor's Name		Telephone Number ()		May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Job Title & Reason for Leaving?				

Company Name		Employment Dates		
		From:		To:
Company Address	City	State	Wage: \$ <input type="checkbox"/> Per Hour / <input type="checkbox"/> Annual	
Supervisor's Name		Telephone Number ()		May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Job Title & Reason for Leaving?				

PROFESSIONAL REFERENCES (no relatives)

Name	Company/Job Title	Phone Number	Email Address	Years Worked Together
1.				
2.				
3.				



Applicant Authorization

PLEASE READ BEFORE SIGNING

I understand that by submitting this application, I am applying for a job at Arboria of Long Grove (hereinafter known as the "Community"). Any reference to the Community's location or use of its logo on application and employment materials or any reference to LCS or use of its logo on application and employment materials is for marketing and branding purposes, and is not intended to create an employment relationship. I understand that nothing contained in this application or in the interview process is intended to create an employment contract between the Community or LCS and me. If I am employed by the Employer, I will be an employee-at-will. This means that both the Community and I have the right to terminate my employment at any time, for any reason, with or without cause. I acknowledge that upon receiving an offer of employment, I will be required to successfully complete all pre-employment requirements such as a physical, PPD skin test, drug screen, background check, driving record check, OIG and references.

The Community is an equal opportunity employer and makes all employment decisions without regard to race, color, national origin, religion, sex, age, disability or status as a disabled veteran or veteran of the Vietnam era. The facts set forth in my application for employment are true and complete. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal.

Signature: _____

Date: _____