

# Hamrick Highlands Assisted Living Job Application

**To Applicant:** *Hamrick Highlands Assisted living* does not discriminate in hiring or employment on the basis of race, color, religious creed, national origin, sex, ancestry, disability or on the basis of age. No question on this application is intended to secure information to be used for such discrimination. We appreciate your interest in our organization and assure you we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications. Application for employment will not be considered unless fully completed.

<b>NAME</b> (Last)	<b>(First)</b>	<b>(Middle)</b>	<b>SOCIAL SECURITY NO.</b>
Any other name, such as nicknames, maiden name, or assumed name, needed to verify the contents of this application.			<b>HOME PHONE</b>
<b>ADDRESS</b> (Number and Street)			<b>ALTERNATE PHONE</b>
<b>CITY, STATE, AND ZIP CODE</b>			
<b>POSITION DESIRED</b> 1 <sup>st</sup> Choice			2 <sup>nd</sup> Choice
<input type="checkbox"/> Full-Time here before? <input type="checkbox"/> Yes	<input type="checkbox"/> Other <input type="checkbox"/> No	<b>What Shift?</b> <input type="checkbox"/> First <input type="checkbox"/> Third <input type="checkbox"/> Second <input type="checkbox"/> Any	<b>Have you ever been employed</b>  <b>Reason for leaving</b>
When are you available for work? _____			

## EDUCATION

Check the highest level or equivalent completed:

G.E.D.

High School

College/Tech

Are you currently a student?

Date \_\_\_\_\_

9 10 11 12

1 2 3 4

Yes  No

College	No. Years Completed	Degree or Diploma	GPA or Class Rank	Major	Minor

If you are applying for a job that requires clerical skills, answer the following: \_\_\_\_\_ typing wpm

Please list the software you are skilled in:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PROFESSIONAL REGISTRATION, LICENSES OR ACCREDITATION**

Type	State	Registration Number	Expiration Date
Type	State	Registration Number	Expiration Date

**IN CASE OF EMERGENCY, NOTIFY:**

Name	Home Telephone Number ( )
Name	Home Telephone Number ( )

**EMPLOYMENT HISTORY** – List entire employment history, including military experience, starting with your present employer. For any unemployment or self-employed periods show dates and location. (Attach additional sheets if necessary).

Company Name: _____  Address: _____  City/State/Zip: _____  Phone #: _____	Job: _____  Supervisor's name: _____  Dates From: _____ <i>Employed</i> To: _____	Last Pay Rate: _____  Reason for Leaving: _____  _____  _____
Company Name: _____  Address: _____  City/State/Zip: _____  Phone #: _____	Job: _____  Supervisor's name: _____  Dates From: _____ <i>Employed</i> To: _____	Last Pay Rate: _____  Reason for Leaving: _____  _____  _____

Company Name: _____	Job: _____	Last Pay Rate: _____
Address: _____	Supervisor's name: _____	Reason for Leaving: _____
City/State/Zip: _____	Dates From: _____	_____
Phone #: _____	Employed To: _____	_____

May we contact your present employer at this time?  Yes  No Past employers?  Yes  No  
 Have you ever been convicted of a felony?  Yes  No If yes, please state when, where and nature of conviction:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PERSONAL REFERENCES (Please do not include relatives)**

Name	Street Address, City, State, Zip Code
Telephone Number ( )	Occupation
Name	Street Address, City, State, Zip Code
Telephone Number ( )	Occupation

**STATEMENT OF UNDERSTANDING**

I understand that the use of this application form does not indicate there are any positions open and does not in any way obligate *Company Name*. I certify that all information given on this application is true and correct to the best of my knowledge, without consequential significant omissions of any kind whatsoever. I understand *Company Name* will conduct a thorough inquiry of my personal character to verify data provided herein, and I agree to release from liability any person giving or receiving information in connection with this inquiry. I further understand that any falsification of information given in this application or any consequential or significant omissions there from, will be considered sufficient cause for either refusal to hire or immediate discharge from *Company Name* at any time during my employment. In consideration of my potential employment, I agree to conform to the rules of *Company Name*. I understand that if I am employed, I have the right to terminate my employment at any time with or without notice, with or without cause and *Company Name* has a similar right. I understand that my employment by *Company Name* does not constitute a guarantee that any position be continued for any length of time or that any job assignment or shift be permanent. I understand that I may be required to work scheduled or unscheduled overtime and scheduled weekend and holiday work when required by *Company Name*.

**AUTHORIZATION TO RELEASE INFORMATION**

I have applied for a position at *Company Name* and hereby grant the *Company Name* in *City, State* permission to verify my employment information and to solicit and secure other information which may be required to determine my suitability for employment. I further authorize the named employer to release to *Company Name* such information as may be requested for the purpose of evaluating me for possible employment. A copy of my authorization bearing my correct signature has the same force and effect as the original.

DATE \_\_\_\_\_

APPLICANT'S SIGNATURE : \_\_\_\_\_