



APPLICATION FOR EMPLOYMENT

Temperance Lake Ridge

APPLICATION FOR EMPLOYMENT

Facility Name: _____

A Tealwood Care Centers, Inc. Facility

Applicants will receive consideration without discrimination because of race, creed, color, sex, age, national origin, disability, religion, marital status, sexual orientation, status with regard to public assistance, military/veterans status or any other protected classes as defined by law.

Name (Last, First, MI) _____ email address _____

Address (Street Number/PO Box, City, State, Zip) _____

Telephone Number _____ Emergency Contact/Number _____

Position Applying For _____ Date of Application _____

Best time to contact you at home? _____ / _____ a.m./ p.m.

Do any friends/relatives work here (Circle One) Yes No

If Yes, state name, relationship and location _____

Are you currently employed? (Circle One) Yes No

May we contact your present employer? (Circle One) Yes No

Are you legally eligible for employment in the United States? (Circle One) Yes No

Proof of Citizenship or Immigration Status will be Required upon Request

Date available for work _____

What is your desired pay range _____

Are You Available To Work

Full Time (Indicate Shift) First Second Third

Part Time (Indicate Shift) First Second Third

Temporary (Indicate dates available) _____

Are You Currently On "Lay-Off" Status And Subject To Recall? (Circle One) Yes No

EDUCATION

Highest Grade Completed (Circle One) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

Describe Any Specialized Training, Apprenticeship, and Skills _____

ADDITIONAL INFORMATION Other qualifications (Summarize Special Job-Related Skills and Qualifications Acquired From Employment Or Other Experience) _____

WORK EXPERIENCE (Start with your present or last job. Include any job-related military service. You may exclude organizations, which indicate race, color; religion, gender; national origin, disabilities or other protected status)

Company Name _____ Telephone _____

Address (Street Number/PO Box, City, State, Zip) _____ Employed (MM/DD/YY) _____

Name of Supervisor _____ Hourly Rate/Salary _____

May We Contact your Present Employer? (Circle One) Yes No
Person to Contact for Reference _____

Describe Work Performed _____

Reason for Leaving _____

Company Name _____ Telephone _____

Address (Street Number/PO Box, City, State, Zip) _____ Employed (MM/DD/YY) _____

Name of Supervisor _____ Hourly Rate/Salary _____

May We Contact Your Present Employer? (Circle One) Yes No
Person to Contact for Reference _____

Describe Work Performed _____

Reason for Leaving _____

Company Name _____ Telephone _____

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Person to Contact for Reference _____

Describe Work Performed _____

Reason for Leaving

Company Name

Telephone

Address (Street Number/PO Box, City, State, Zip)

Employed (MM/DD/YY)

Name of Supervisor

Hourly Rate/Salary

May We Contact Your Present Employer? (Circle One)

Yes

No

Person to Contact for Reference

Describe Work Performed

Reason for Leaving

APPLICANT'S STATEMENT

I certify that the answers provided in this application are true and complete. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the facility retains the same right. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. I understand that this application is not a contract of employment; that if hired, regardless of any oral representations to the contrary.

In signing this application, I state that I have received a copy of the Job Description and Essential Functions for all jobs for which I have applied. I understand that failure to fulfill any aspect of the job may be grounds for termination. I also understand I may be required to pass an agility test. I also understand that I may be required to take a physical examination conducted by a physician of the employer's choosing after I am given a qualified offer of employment.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

SIGNATURE OF APPLICANT

DATE

Revised December 30, 2013 MDG