

Morgan Estates Assisted Living Community

APPLICATION FOR EMPLOYMENT

Thank you for your interest in employment at Morgan Estates! We are committed to a policy of Equal Employment Opportunity and will not discriminate on any legally recognized basis, including but not limited to race, age, color, religion, sex, marital status, national origin, citizenship, ancestry, handicap or disability, genetic disposition, carrier or veteran status.

PERSONAL BACKGROUND

Name _____
Last First Middle Initial

Social Security Number ____ / ____ / ____ Phone (____) ____ - ____

Current Address _____
Street City State Zip

E-Mail Address _____

Referred by _____ Currently employed? Yes No

If currently employed, may we contact your employer? Yes No

Are you authorized to work in the USA? Yes No

Position applying for _____ Start date availability _____

Have you ever been employed by Morgan Estates or another P.S. Bruckel business? Yes No

If so, which business _____

Dates of employment Start Date _____ End Date _____

If driving is a requirement of the job for which you are applying, do you have a current valid driver's license? Yes No

Have you ever been convicted of a felony, misdemeanor or crime, which is related to the functions or qualifications of the position to which you are applying? Yes No

If yes, please describe fully the criminal conviction(s) listing the nature of the offense and your rehabilitation since the conviction(s).

Are you 18 years of age or older? _____

Are there any restrictions in hours or days that you may not be available to work? Yes No

If yes, please explain _____

EDUCATION AND TRAINING

HIGH SCHOOL

Name _____ Highest grade completed _____

Location _____ Major area of study _____

COLLEGE

Name _____ Highest grade completed _____

Location _____ Major area of study _____

TRADE, BUSINESS OR GRADUATE SCHOOL

Name _____ Highest grade completed _____

Location _____ Major area of study _____

SPECIALIZED SKILLS (Computer, language, equipment operation etc.)

Can you, with or without accommodation perform the essential functions of the job(s) for which you have applied? Yes No

If not, please identify those essential functions which you are not able to perform.

PERSONAL REFERENCE

Give the names of three (3) persons not related to you, whom you have known for at least three (3) years.

Name _____ Telephone (____) _____ - _____

Address _____ Years Known _____

City _____ State _____ Zip Code _____

-Name _____ Telephone (____) _____ - _____

Address _____ Years Known _____

City _____ State _____ Zip Code _____

-Name _____ Telephone (____) _____ - _____

Address _____ Years Known _____

City _____ State _____ Zip Code _____

WORK EXPERIENCE

List below the last three (3) employers, beginning with your **present** or last place of employment.

Date Employed From _____ To _____ Salary _____

Name of Employer _____ Supervisor _____

Address _____ Telephone (____) _____ - _____

City _____ State _____ Zip Code _____

Fax Number _____

Date Employed From _____ To _____ Salary _____

Name of Employer _____ Supervisor _____

Address _____ Telephone (____) _____ - _____

City _____ State _____ Zip Code _____

Fax Number _____

Date Employed From _____ To _____ Salary _____

Name of Employer _____ Supervisor _____

Address _____ Telephone (____) _____ - _____

City _____ State _____ Zip Code _____

Fax Number _____

APPLICANT STATEMENT

In signing this application, I certify that all the forgoing information is a complete and accurate statement of the facts and I understand that if any misrepresentation, omission or falsification were discovered, it will constitute grounds for dismissal. I hereby authorize you to conduct any investigation necessary concerning any part of my background related to the position I am seeking. I release all parties from any liability in connection with the provision and use of such information. I understand and agree that, if employed by Morgan Estates, I will abide by its rules and regulations, which I understand, are subject to change. I further understand that, if hired, my employment is for no definite period of time and may be terminated by either party at any time. I agree to submit to a physical exam if required by the company.

Signature of Applicant _____

Date _____

I Drive/New Employee/REV 2015