

Employment Application

Abrams Assisted Living does not discriminate in hiring or employment on the basis of race, color, religion, national origin, sex, age, military status, or disability. No question on this application is intended to secure information to be used for such discrimination. This application will be given every consideration; however, its receipt does not imply employment for this applicant.

Applicant Information

Full Name:				Date:	
	<i>Last</i>	<i>First</i>	<i>M.I.</i>		
Address:					
	<i>Street Address</i>	<i>Apartment/Unit #</i>			
	<i>City</i>	<i>State</i>	<i>ZIP Code</i>		
Phone:			E-mail Address:		
Date Available:		Social Security No.:		Desired Salary:	\$
Position Applied for:					
Are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?		
Have you ever been convicted of Medicare fraud?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain:		

Specify when you are available to work (Check all that apply)

Days	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday	<input type="checkbox"/> All
Times	<input type="checkbox"/> Days		<input type="checkbox"/> Evenings		<input type="checkbox"/> Overnights		<input type="checkbox"/> All	
Desired Employment Status	<input type="checkbox"/> Full Time			<input type="checkbox"/> Part Time				
How did you find out about this job opening?								
<input type="checkbox"/> Web Page (identify)	<input type="checkbox"/> Newspaper/ Journal Ad (identify)							
<input type="checkbox"/> Referral	<input type="checkbox"/> Job Service	<input type="checkbox"/> Other (please explain)						

Education

High School:			Address:				
From:		To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:	
College:			Address:				
From:		To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:	
Other:			Address:				
From:		To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:	

Professional Licenses and/or Certifications				
Type	Origin or State Issued	Date Issued	Number	Verification (office use only)

Previous Employment						
Company:					Phone:	
Address:					Supervisor:	
Job Title:			Reason for Leaving:			
Responsibilities:						
From:		To:		May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Company:					Phone:	
Address:					Supervisor:	
Job Title:			Reason for Leaving:			
Responsibilities:						
From:		To:		May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Company:					Phone:	
Address:					Supervisor:	
Job Title:			Reason for Leaving:			
Responsibilities:						
From:		To:		May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Please explain all periods of unemployment:

If your former employment references or education are under a name other than presented on the front of the application please indicate:

Last	First	M.I.
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Please list any additional information which will assist us in placing you:

References			
<i>Please list three professional references and one personal reference.</i>			
Full Name:		Relationship:	
Company:		Phone:	
Address:			

Full Name:		Relationship:	
Company:		Phone:	
Address:			

Full Name:		Relationship:	
Company:		Phone:	
Address:			

Full Name:		Relationship:	
Company:		Phone:	
Address:			

Military Service			
Branch:		From:	To:
Rank at Discharge:		Type of Discharge:	
If other than honorable, explain:			

Are you aware of any limitation you may have which would limit your ability to perform the essential functions of the position(s) for which you are applying? YES NO

If so, what accommodations will you require? Explain.

Disclaimer and Signature	
<p>I voluntarily give Abrams Assisted Living the right to make a thorough investigation of my past employment and activities. I agree to cooperate in such investigations and release from all liability or responsibility all persons, companies, or corporations supplying such information.</p> <p>I understand that for positions which require use of a company vehicle, a check of my driving record will be conducted.</p> <p>I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.</p> <p>I consent to take the employment physical examination after I am given an offer or employment and such future physical examinations as may be required by Abrams Assisted Living, which may include a drug test, at such time and places as Abrams Assisted Living shall designate. I acknowledge that I may be required to take a drug test at any time during my employment with Abrams Assisted Living.</p> <p>I understand that my employment is at will, and that either party is free to terminate the employment relationship at any time without cause. I understand that I will be required to follow the personnel policies and rules of Abrams Assisted Living and those infractions may lead to dismissal. I also understand that my employment may be terminated for any misstatement or omission of fact appearing on this application form. If employed, I will be required to complete Employment Verification Form (I-9), and show satisfactory evidence of identity and eligibility for employment in the USA.</p>	
Signature:	Date: