

## Midland Meadows Senior Living LLC Application for Employment

/ /	/ /	- -		
Date of Application	Date Available for Work	Social Security Number	Driver's License Number	State

First Name	Middle Name	Last Name
<b>Alias or Past Names (Please Include Maiden Name if Applicable)</b>		

First Name	Middle Name	Last Name
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First Name	Middle Name	Last Name
<b>Current Residence</b>		

Address	Home Phone
City	Day Phone
State	Zip Code
<b>Past Residence(s)</b>	

From: / /	To: / /	
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Address/City/State/Zip Code		
From: / /	To: / /	

Address/City/State/Zip Code			
<b>Are You:</b>	Yes	No	<b>Have You?</b>
Over 18 Years Old?	<input type="checkbox"/>	<input type="checkbox"/>	Ever been convicted of a crime other than a traffic violation?
A Previous Applicant?	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
A Previous Employee?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, please describe and include type of crime and date of conviction
Legally Able to Work in the USA?	<input type="checkbox"/>	<input type="checkbox"/>	
Able to Make it to Work in Reliable Transportation?	<input type="checkbox"/>	<input type="checkbox"/>	
Resume Attached	<input type="checkbox"/>	<input type="checkbox"/>	

<b>How Did You Find Us?</b>	
<input type="checkbox"/> Advertisement	Name of Publication
<input type="checkbox"/> Referral from Employee	Employee Name
<input type="checkbox"/> Employment Agency	Employment Agency
<input type="checkbox"/> Other	

## Work Experience

to			
Present/Last Employer	Type of Organization	Start Date	End Date
Address		Phone	Salary
		May We Contact?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Job Title	Supervisor		
Reason for Leaving			

to			
Past Employer	Type of Organization	Start Date	End Date
Address		Phone	Salary
		May We Contact?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Job Title	Supervisor		
Reason for Leaving			

to			
Past Employer	Type of Organization	Start Date	End Date
Address		Phone	Salary
		May We Contact?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Job Title	Supervisor		
Reason for Leaving			

to			
Past Employer	Type of Organization	Start Date	End Date
Address		Phone	Salary
		May We Contact?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Job Title	Supervisor		
Reason for Leaving			

### Professional Information (If Applicable)

License Description:	License Number:
Effective Date:	Expiration:
Registry or Certification:	Registration No.:
Other:	

### Education and Training

Type of School	Name and Location of School/Training	Dates of Attendance	Name and Date of Degree Earned	Fields of Study (Major and Minor)
High School/ Trade School		X		
Business or Tech School				
Colleges				
Sexual Harassment Training				
Other Training (Explain)				

### Academic or Other Awards of Achievements

(Academic honors, awards, scholarships/fellowships, membership in academic societies or other awards obtained related to your education or qualifications for the position\*)

Date:    /    /	Description:
Date:    /    /	Description:
Date:    /    /	Description:
Date:    /    /	Description:

### Additional Qualifications

(Special technical computer or individual skills that would qualify you for the position\*)

Description:
Description:
Description:
Description:

### U. S. Military Service

Branch:	Rank at Discharge:
Dates of Service:    From:    /    /	To    /    /
Duties:	
Honorable Discharge    Yes <input type="checkbox"/> No <input type="checkbox"/>	

\*Exclude those that would indicate race, color, religion, national origin, disability or age.

## Please Read Carefully

**If you have any questions regarding the application, this statement or have need of special assistance in regard to applying for this position, please see the person of this organization who is assisting you with this application.**

This organization does not discriminate in hiring on basis of race, color, religion, sex, national origin, disability, veteran status, or your membership in any protected class protected under law of this jurisdiction. This application does not intend to ask questions that would provide information that could be used for discrimination.

Your application will be given the consideration it deserves; however, completing an application does not imply that you will be offered employment. By signing your name below, you understand that nothing contained in this application or any information gained or discussed during the interview process creates an employment contract between you and this Organization. Should this application and the process surrounding this application result in your employment, you have the right to terminate your employment at any time and for any reason.

Moreover, you understand that no person of this Organization with the exception of an authorized employee of the Human Resources Department has any authority to enter into any agreement with you for any specified period of time or to guarantee any other personnel benefit. This includes any statements or guarantees made prior to your application or after you are employed.

When processing this application, Organization may request a criminal, police or credit background check about you. In addition to background checks, this Organization may contact past employers, supervisors and/or any other person listed in this application regarding the statements made herein and your suitability for employment. This inquiry may include information as to your general character, reputation and work-related characteristics. You have the right to make a written request to the Human Resources Department of this Organization to disclose to you the content of these reports.

Also note that should you become employed by this Organization, this Organization may use outside agents or representatives to perform investigations surrounding any claim of wrongdoing including sexual harassment, theft or fraud.

By signing your name, you certify that all statements made by you on this application are true and complete to the best of your knowledge and that any misrepresentations or omissions by you may be the cause for rejection of your application, or may be cause for subsequent dismissal if you are hired.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

### Internal Office Use References

Date:	Organization:	Contact:
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Information Obtained or Verified:

Date:	Organization:	Contact:
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Information Obtained or Verified:

Date:	Organization:	Contact:
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Information Obtained or Verified:

Date:	Organization:	Contact:
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Information Obtained or Verified:

**Criminal Background Check Performed?** Yes  No

Date Performed:	Type of Check:
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**Eligible for Hire?** Yes  No

Position Title:	Location:
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Starting Date:	Hiring Rate:	Level:
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