

APPLICATION FOR EMPLOYMENT

SENIOR CARE – FOREST LAKE, LLC

dba BIRCHWOOD HEALTH CARE CENTER

dba BIRCHWOOD ARBORS

APPLICATION FOR EMPLOYMENT

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)

SOCIAL SECURITY NUMBER

ADDRESS (STREET #/PO BOX, CITY, STATE, ZIP)

TELEPHONE NUMBER

EMERGENCY CONTACT/NUMBER

Position Applying For: _____ Date: _____

Best time to contact you at home: _____/_____ am/pm

Do any friends/relatives work here? YES NO

If YES, state name, relationship, and location: _____

Are you currently employed? YES NO

May we contact your present employer? YES NO

Are you legally eligible for employment in the United States? 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) DAYS	EVENINGS	NIGHTS
Part Time (Indicate Shift) DAYS	EVENINGS	NIGHTS
Temporary (Indicate dates available) _____		

Are you currently on "LAY-OFF" status and subject to recall? YES NO

Have you ever been convicted of a criminal offense other than a traffic violation in the past 15 years? YES NO

If YES, what was the date and nature of conviction? _____

Have you ever been convicted or has there been substantial abuse or neglect of a child or an adult involving yourself? YES NO

EDUCATION

Highest Grade Completed 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 any other experience)

WORK EXPERIENCE (Start with you present job 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 preformed		
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 preformed		
Reason for leaving		

Company Name	Telephone	
Address (Street Number/ PO Box, City, State, Zip)	Employed (MM/DD/YY)	
Name of Supervisor	Hourly Rate/Salary	
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Person to contact for reference		
Describe work preformed		
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 preformed		
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

Affirmative Action Survey

Applicants are considered for all positions and employees are treated during employment without regard to race, color, creed, religion, sex, marital status, national origin, ancestry, age, disability, status with regard to public assistance, status as a disabled or Vietnam-Era veteran, affectional preference or any other protected status under Federal, State or local regulation or law.

As an employer and government contractor, we comply with government regulations and affirmative action responsibilities. We are subject to certain governmental recordkeeping and reporting requirements. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

To assist with government record keeping, reporting and other legal requirements, we invite you to voluntarily self-identify your race or ethnicity and other information.

PLEASE PRINT

Date Application Completed: _____

Name: _____

Last

First

Middle

Address: _____

Street

City

State

Zip

Position(s) Applied For: _____ Full Time Part Time

Referral Source:

____ Employment Agency ____ Job Service ____ Employee Referral

____ Community Agency ____ Newspaper Ad ____ School Counselor

____ Walk In ____ Rehire ____ Other

Gender: ____ Female ____ Male

Ethnicity: ____ Hispanic or Latino ____ White ____ Black or African American

____ Asian ____ Native Hawaiian or Other Pacific Islander

____ American Indian or Alaska Native ____ Two or more races

Check if any of the following apply:

____ Vietnam Era Veteran ____ Disabled Veteran ____ Disabled Individual