

# Employment Application | Form

PLEASE PRINT or TYPE



Position applying for: \_\_\_\_\_ Date: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Are you 18 years of age or older? ☐ Yes ☐ No

If hired, can you provide written evidence that you are authorized to work in the U.S.? ☐ Yes ☐ No

How were you referred to our organization? \_\_\_\_\_

Do you have any relatives who are currently employed by this organization? ☐ Yes ☐ No

If yes, please specify \_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor other than a traffic violation? ☐ Yes ☐ No

If yes, please explain conviction, nature of offense, date of offense and sentence imposed. \_\_\_\_\_

Have you ever been disciplined for resident abuse? ☐ Yes ☐ No

Shift: Day ☐ Evening ☐ Night ☐ Hours per week \_\_\_\_\_

Full time ☐ Part time ☐ # of days? \_\_\_\_\_ Desired Pay Rate: \_\_\_\_\_

Availability: Mon ☐ Tues ☐ Wed ☐ Thu ☐ Fri ☐ Sat ☐ Sun ☐

Please describe any experience you've had working with someone with a physical disability

---

---

---

---

---

**EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER** - All persons will have the opportunity to be considered for employment without regard to their race, color, religion, national origin or ancestry, handicap or disability, sex, marital status, obligation to serve in the armed forces of the United States, citizenship or any other characteristic protected by applicable federal or state law. All employees must take drug/alcohol test as a condition of employment.

## EDUCATION

Name/Location	Course of Study	# Years Completed	Degree/Diploma
High School _____	_____	_____	_____
College _____	_____	_____	_____
Tech or Other _____	_____	_____	_____

## EMPLOYMENT RECORD (most recent first)

Company Name and address	Position	Date: Started/Left	Rate of Pay	Reason for Leaving
1. _____	_____	_____	_____	_____
Supervisor: _____ May we contact them? <input type="checkbox"/> No <input type="checkbox"/> Yes Phone # _____				
2. _____	_____	_____	_____	_____
Supervisor: _____ May we contact them? <input type="checkbox"/> No <input type="checkbox"/> Yes Phone # _____				
3. _____	_____	_____	_____	_____
Supervisor: _____ Can we contact them? <input type="checkbox"/> No <input type="checkbox"/> Yes Phone # _____				

Have you ever been employed here before? ☐ Yes ☐ No If Yes, when? \_\_\_\_\_

In order to check your past work record, have you ever worked under a different name during your employment history (example – maiden name)? If so, please provide \_\_\_\_\_

## REFERENCES LIST

Provide information requested on three business/work or school references who are not related to you. Include name/occupation/years known and address/phone.

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any additional information that relates to your ability to perform the job for which you have applied for such as licenses, professional memberships, hobbies etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **APPLICANT ACKNOWLEDGEMENT**

I certify that all information I have provided in order to apply for and secure employment with this employer is true, complete and accurate.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to cancel further consideration of this application, or immediately discharge me from employment, whenever it is discovered.

I expressly authorize the employer, its representatives, employees or agents to contact and obtain information from all references, employers, public agencies, licensing authorities and educational institutions, including a criminal background check and to otherwise verify the accuracy of the information provided by me in this application, resume or job interview.

The application will remain current for only 90 days from the date it was submitted. At the conclusion of that time, if the applicant has not heard from the employer and wishes to be considered for employment, it would be necessary for the applicant to reapply and complete a new application form.

I understand the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing the applicant from consideration for employment on the basis prohibited by applicable local, state or federal law.

I understand that Iowa/Indiana are "at will" employment states. Stonebridge of Gurnee is an "at will" employer and each employee is an "at will" employee. "At will" employment means that you are free to leave our employment at any time for any reason you choose, and we are free to terminate that employment at any time for any reason we choose. There is no contract or agreement of any kind between any employee and Stonebridge of Gurnee as his or her employer, requiring that you work for us for any period in the future or that we continue to employ you for any period in the future.

Neither this application nor offer of employment can or does create a contract or agreement of employment for any specified period of time.

I certify that I have read the above Applicant Acknowledgement and accept all terms.

**SIGNATURE OF APPLICANT** \_\_\_\_\_ **DATE** \_\_\_\_\_



**An Equal Opportunity Employer**