

**EMPLOYMENT  
APPLICATION**

**SENIOR HOUSING OPTIONS, INC.**

FACILITY: \_\_\_\_\_

**APPLICANT INSTRUCTIONS**

If you need help to fill out this application or for any phase in the employment process, please notify the person that gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time.

TODAY'S DATE: \_\_\_\_\_

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

SOCIAL SECURITY NUMBER: \_\_\_\_\_

1. Please read "APPLICANT NOTE".
2. Complete **ALL** sections of this form.
3. If more space is needed to complete any question, use comments section at bottom of form.
4. PRINT clearly. Incomplete or illegible applications will not be processed.
5. Please complete any attached forms.

HOME PHONE: \_\_\_\_\_ OTHER PHONE: \_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_  
Street City State Zip

PRIOR ADDRESS: \_\_\_\_\_  
Street City State Zip

**APPLICANT NOTE**

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview process and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, age, creed, national origin or the presence of disabilities. A felony conviction will not necessarily bar the applicant from employment. Affirmative action hiring may be requested by qualified applicants. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment, and prior to reporting to work, you are required to submit to a medical review. Depending on company policy and the needs of the job, you may be required to complete a medical history form and may be required to be examined by a medical professional designated by the company.

**AVAILABILITY**

For which position are you applying? \_\_\_\_\_

Date Available: \_\_\_\_\_ What category would you prefer?  Full-Time  Part-Time  As Needed (relief)

Available for?  Weekdays  Weekends  Evenings  Nights  Overtime  Shift  Other \_\_\_\_\_

**EDUCATION**

Please circle highest grade completed. 7 8 9 10 11 12 13 14 15 16 16+

	Name of School	City/State	Dates	Graduate?
High School				
College				
Other				

**SECURITY**

List states and counties of residence for the past seven (7) years: \_\_\_\_\_

Yes  No Have you used any names or Social Security Numbers other than those on this page? If so, please list in comments.

Yes  No Have you been convicted of a felony and/or served time in the past seven (7) years? If so, please describe below

(In accordance with company policy this information will be reviewed for job relatedness and time since conviction.)

Incident	City/State	Charge
1)		
2)		

**JOB-RELATED SKILLS**

NOTE: Do not fill out any part of this section you believe to be non-job related.

List languages in which you are fluent: \_\_\_\_\_

Yes  No If the job requires, do you have the appropriate valid drivers license?

For **ALL** driving positions, you must submit a copy of a current driving record.

DL # \_\_\_\_\_ Type \_\_\_\_\_ State of Issue \_\_\_\_\_

Yes  No Have you had any moving violations? Please describe \_\_\_\_\_

Please list any other skills, licenses or certifications that may be job-related or that you feel would be of value to this job or company.

Yes  No Have you been given a job description or had the requirements of the job explained to you?

Yes  No Do you understand these requirements?

**EMPLOYMENT HISTORY**

Your application will not be considered unless every question in this section is answered. Since we make every effort to contact previous employers, the correct telephone numbers of past employers are important. **Please do not put "SEE RESUME".**

<b>MOST RECENT EMPLOYER</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently working for this employer?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, may we contact?
Company Name _____	City, State, Zip _____	Phone Number _____
From: _____ To: _____		
Dates Employed _____	Job Title _____	Supervisor Name _____
Duties _____		
Per _____		
Salary _____ (Hour, Week, Month)	Reason for Leaving _____	
<b>SECOND MOST RECENT EMPLOYER</b>		
Company Name _____	City, State, Zip _____	Phone Number _____
From: _____ To: _____		
Dates Employed _____	Job Title _____	Supervisor Name _____
Duties _____		
Per _____		
Salary _____ (Hour, Week, Month)	Reason for Leaving _____	
<b>THIRD MOST RECENT EMPLOYER</b>		
Company Name _____	City, State, Zip _____	Phone Number _____
From: _____ To: _____		
Dates Employed _____	Job Title _____	Supervisor Name _____
Duties _____		
Per _____		
Salary _____ (Hour, Week, Month)	Reason for Leaving _____	

**EMPLOYMENT REFERENCES**

Include only individuals familiar with your work ability. Do not include relatives.

NAME	ADDRESS/PHONE	YEARS KNOWN/RELATIONSHIP
1)		
2)		
3)		

**COMMENTS:**

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Please ask for an additional page if necessary.

**CERTIFICATION AND RELEASE**

I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer reporting bureaus, to verify any of this information including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior and during employment.

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Signature of Applicant

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Date