

FOUR SEASONS NURSING CENTER

THE FOLLOWING INFORMATION IS REQUESTED IN ORDER TO HELP US MAKE THE BEST POSSIBLE PLACEMENT WITHIN THE COMPANY. ALL PORTIONS OF THIS APPLICATION PERTAINING TO YOU MUST BE COMPLETED. WE APPRECIATE THE TIME YOU SPEND IN FILLING IN THIS APPLICATION FORM. THE COMPANY IN ACCORDANCE WITH STATE AND FEDERAL LAWS, DOES NOT DISCRIMINATE ON THE BASIS OF AGE, RACE, RELIGION, COLOR, SEX, HEIGHT, WEIGHT, NATIONAL ORIGIN, MARITAL STATUS, PHYSICAL OR MENTAL HANDICAP, OR ANY OTHER LEGALLY PROTECTED STATUS.

APPLICATION MUST BE FILLED OUT COMPLETELY
(PLEASE PRINT CLEARLY)

Name:

(Last)

(First)

(Middle)

Present Address:

(Street)

(City)

(State)

(Zip Code)

Home Telephone Number: () _____

Are you under 18 years of Age?

Yes No

Social Security # _____

Have you ever filed an application with or previously been employed with the company?

Yes No

If related to anyone in our employ, please give name and relationship:

Name: _____

Relationship: _____

If so, When and Where? _____

Are you a citizen of the U.S. or are you otherwise eligible to work in The U.S.?

Yes No

How did you learn about this job? _____

(Proof of U.S. Citizenship or Immigration status will be required upon employment.)

Position you are applying for: _____

The job which you are applying may require work on Saturdays, Sundays, and holidays. While reasonable accommodation can be made for you, are you willing to work such a schedule?

Yes No

Full Time: _____ Part Time: _____

First Shift: ____ Second Shift: ____ Third Shift: _____

If no, briefly explain:

Salary Desired: _____

Date you can start work: _____

Can you travel?:

Yes No

Are you currently employed? _____

Are you on lay off subject to recall?:

Yes No

If yes, may we inquire of your current employer?:

Yes No

Do you have a valid automobile operator's permit? _____ State: _____
Yes No

Has your operator's permit ever been suspended, Driver's license Number: _____
revoked or restricted? _____
Yes No

Have you ever been convicted of a crime? _____ If there are any felony charges pending against you,
Yes No please explain when, where and the nature of the charge:

If yes, please describe when, where and what is the nature of the offense:

Were you in the armed forces? _____ Describe any job related military training:
Yes No
If yes, what branch? _____
Rank at discharge: _____

RECORD OF EDUCATION

HIGH SCHOOL or PREP SCHOOL (Name and Location)	Major Subject	No. of Years	Degree
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UNIVERSITY or COLLEGE

GRADUATE SCHOOL

OTHER – Including Military Service /Trade or Business Schools

Are you attending school now? _____ Are you attending, or have you completed any courses, or
Yes No Specialized training that would qualify you for this
School: _____ position? _____
Yes No

Subjects: _____ If yes, please describe: _____

List any special skills that may be useful to us in considering your application:

**EXPERIENCE – BUSINESS OR PROFESSIONAL RECORD OF LAST FIVE POSITIONS
(LIST PLACES IN ORDER STARTING WITH PRESENT EMPLOYER FIRST)**

Employment Dates	Name and Address of	Position or	Supervisor's	Salary	Reason for Separation
From	To	Employer	Name	Received	
Mo/Yr	Mo/Yr				

REFERENCES:

List name and telephone number of three (3) personal/business references, who are not related to you.

NAME	TELEPHONE NUMBER	YEARS KNOWN
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NARRATIVE

Please write a brief summary of the reasons why you have sought employment with us:

SPECIAL EMPLOYMENT NOTICE

IF AN OFFER OF EMPLOYMENT IS MADE FOR A CERTAIN CLASSIFICATION, A MEDICAL EXAMINATION MAY BE REQUIRED BEFORE BEGINNING EMPLOYMENT DUTIES.

MICHIGAN LAW PROHIBITS DISCRIMINATION IN EMPLOYMENT BASED ON HANDICAP. BEGINNING JUNE 25, 1990, AN APPLICANT OR EMPLOYEE REQUIRING ACCOMMODATION FOR EMPLOYMENT MUST NOTIFY THE EMPLOYER IN WRITING WITHIN 182 DAYS AFTER THE NEED IS KNOWN.

ACKNOWLEDGEMENT AND CERTIFICATION

I ACKNOWLEDGE THAT CONSIDERATION FOR EMPLOYMENT MAY BE CONTINGENT ON THE RESULTS OF A REFERENCE AND BACKGROUND CHECK. THEREFORE, I AUTHORIZE THE COMPANY TO: (1) INVESTIGATE THE TRUTHFULNESS OF ALL STATEMENTS MADE ON THIS APPLICATION; (2) CONTACT MY FORMER EMPLOYERS AND OTHER LISTED REFERENCES OR ANY OTHER PERSONS WHO CAN VERIFY INFORMATION; (3) DISCUSS RESULTS OF ANY INVESTIGATION WITH OTHER EMPLOYEES OF THE COMPANY INVOLVED IN THE HIRING PROCESS. IN ADDITION, I GIVE MY CONSENT FOR ALL CONTACTED PERSONS, INCLUDING FORMER EMPLOYERS TO PROVIDE INFORMATION CONCERNING THIS APPLICATION, AND I RELEASE EACH SUCH PERSON FROM LIABILITY FOR PROVIDING INFORMATION TO THE COMPANY.

I FURTHER ACKNOWLEDGE AND UNDERSTAND THAT EMPLOYMENT MAY BE CONTINGENT UPON THE RESULTS OF A MOTOR VEHICLE RECORD CHECK. THEREFORE, I AUTHORIZE THE COMPANY TO OBTAIN SAID REPORT.

ALL APPLICANTS WHO ARE CONDITIONALLY CONSIDERED FOR EMPLOYMENT MAY, AS A FINAL STEP IN THE EMPLOYMENT PROCESS, BE REQUIRED TO SUBMIT TO A PHYSICAL EXAMINATION AND A DRUG SCREEN TEST. IF THE APPLICANT REFUSES TO CONSENT TO THE PHYSICAL EXAMINATION OR THE DRUG SCREEN, THE APPLICANT WILL BE DENIED EMPLOYMENT. IF THE APPLICANT TESTS POSITIVE, THE APPLICANT WILL BE DENIED EMPLOYMENT.

I FURTHER ACKNOWLEDGE THAT THE TERMS OF MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT THE OPTION OF EITHER THE EMPLOYER OR MYSELF UNLESS MY EMPLOYMENT IS SUBJECT TO THE TERMS OF A COLLECTIVE BARGAINING AGREEMENT, IN WHICH CASE THE TERMS OF THE COLLECTIVE BARGAINING AGREEMENT WILL PREVAIL.

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE, AND UNDERSTAND THAT FALSIFICATION OF THIS APPLICATION IN ANY DETAIL IS GROUNDS FOR DISQUALIFICATION FROM FURTHER CONSIDERATION OR FOR DISMISSAL FROM EMPLOYMENT IN ACCORDANCE WITH COMPANY POLICY. I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF THE COMPANY. I FURTHER UNDERSTAND THAT NO PERSONNEL RECRUITER OR INTERVIEWER OR ANY OTHER REPRESENTATIVE OF THE COMPANY, HAS ANY AUTHORITY TO ENTER INTO A CONTRACT OF EMPLOYMENT EXCEPT FOR THE COMPANY PRESIDENT, AND SUCH AGREEMENT SHALL BE SIGNED BY BOTH THE COMPANY PRESIDENT AND THE EMPLOYEE.

SIGNATURE

DATE