

## Application for Employment

{**Emmanuel Care ALF, Inc.**} is an Equal Opportunity Educational Institution and EEO/Affirmative Action Employer committed to excellence through diversity. Employment offers are made on the basis of qualifications and without regard to race, sex, religion, national or ethnic origin, disability, age, veteran status, or sexual orientation.

**PLEASE TYPE OR PRINT.** Complete the entire application. You may attach a resume, but you must still complete all questions; or your application will be deemed incomplete and may not be considered. Please fill out each box (don't just indicate "See Resume.") Applications with missing or invalid job numbers will not be considered for any position.

Position Applying For:	Name (Last, First, Middle):	Other names under which you have attended school or been employed:	
JOB #:			
Street Address:		City, State & Zip:	
Social Security Number:	Home Phone:	Work Phone:	Other Phone:
Are you eligible to work in the United States?	Yes No	Date of Birth	
Are you 18 years of age or older?	Yes No	If NO, what is your current age?	
Are you currently employed ? (COMPANY NAME)	Yes No	If YES, what is your current job title & department?	
Have you ever been employed by EMMANUEL CARE ?	Yes No	If YES, dates of employment & reason for leaving:	
Are you related to any current (company employee)?	Yes No	If YES, their name & their relationship to you?	
If required for position, do you have a valid driver's license?	Yes No	If YES, State of issuance, license #, and expiration date:	
How did you learn about this employment opportunity at _____ ? Check all that apply: Ad in <i>newspaper</i> Job Bulletin (Posting) /Walk-in q Website Dept. of Labor Ad in <i>magazine</i> Referral by employee Other:			

### ***EDUCATION***

Name of School	City/State	Did you graduate?	If No, # of years left to graduate	If Yes, date of Graduation	Degree received	Major
<i>High School:</i>		Yes No				
<i>GED:</i>		Yes No				
Other School:		Yes No				
<i>College:</i>		Yes No				
College:		Yes No				
<i>College:</i>		Yes No				
Other credentials/ licenses/ professional affiliations, etc., which are relevant to the job(s) for which you are applying.						

**REFERENCES:** GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT TLEAST ON E YEAR.

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1.			
2.			
3.			

**SKILLS:** Please list technical skills, clerical skills, trade skills, etc., relevant to this position. Include relevant computer systems and software packages of which you have a working knowledge, and note your level of proficiency (basic, intermediate, expert)


**BACKGROUND SCREENING: LEVEL 1** \_\_\_\_ **OR** **LEVEL 11** \_\_\_\_

**EVER CONVICTED OF ANY FELONY?** (CIRCLE ONE ) YES OR NO

**WORK EXPERIENCE-**Please detail your entire work history. Begin with your current or most recent employer. If you held multiple positions with the same organization, detail each position separately. Attach additional sheets if necessary. Omission of prior employment may be considered falsification of information. Please explain any gaps in employment. Include full-time military or volunteer commitments. **PLEASE DO NOT** complete this information with the notation “See Resume.”

**PLEASE NOTE:** {Emmanuel Care ALF, Inc.} reserves the right to contact all current and former employers for reference information.

Dates Employed (most recent position) From:            To	Full time      Part-time  If part-time, # hrs./wk:	Title:
Starting Salary:	Organization Name and Address:	
Final Salary:		
Supervisor’s Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: At any time Only if I am a finalist candidate

Primary duties:		Reason for Leaving:
Dates Employed (most recent position) From:            To	Full time      Part-time  If part-time, # hrs./wk:	Title:
Starting Salary:	Organization Name and Address:	
Final Salary:		
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: At any time Only if I am a finalist candidate
Primary duties:		Reason for Leaving:

**PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION.**

I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date. I authorize {EMMANUEL CARE ALF, INC.} to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment. If requested, I agree to submit to a physical exam, criminal and credit background investigation, and/or screening for illegal substances upon conditional offer of employment. I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that staff employees of {EMMANUEL CARE ALF, INC. } serve at-will, and the employment relationship may be terminated at any time by either party, or any or no reason, other than a reason prohibited by law. If employed, I will be required to furnish proof of eligibility to work in the United States, to file a State security questionnaire and State loyalty oath, and to comply with company and departmental regulations. I understand that if employed on a temporary basis, I would be paid for hours worked only. I understand that the first THREE MONTHS of regular employment represent a provisional period, during which I would not be eligible to apply for transfer or promotion and during which I may be terminated withoutt right of appeal.

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

DO NOT WRITE BELOW THIS LINE:

INTERVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

REMARKS: \_\_\_\_\_

HIRED: YES \_\_\_ NO \_\_\_            POSITION: \_\_\_\_\_ SALARY/WAGE: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_ PRINT

\_\_\_\_\_ SIGNATURE