

THE SOUTHERLANDS

Application for Employment

We consider applicants for all positions without regard to race, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other status.

(PLEASE PRINT)

| | | | |
|--------------------------|--------------------------------------|----------------------|----------|
| Last Name | First Name | Middle Name | |
| Street Address | City | State | Zip Code |
| Telephone Number(s) | <u>Social Security Number</u> / / | | |
| E-mail address: | | | |
| Position(s) applied for: | | Date of application: | |

How did you learn about us? Advertisement Friend Walk-in
 Employment Agency Relative Other

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever been employed with us before? If yes, give date: _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of
Visa or Immigration Status? Yes No

****Proof of citizenship or immigration status will be required upon employment****

Date you will be available to start work? _____

Are you available to work: Full-time Part-time Shift work Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Do you have a dependable means of transportation to and from work? Yes No

Have you been convicted of a felony within the past 7 years? Yes No

If yes, please explain: _____

EMERGENCY CONTACT

Name _____ Telephone Number _____ Relationship _____

Doctor _____ Telephone Number _____

EDUCATION

_____ Name and Address of School Course of Study Years Completed Diploma/Degree

High School _____

Undergraduate College _____

Graduate Professional _____

Other Training _____

(Please Specify) _____

WE ARE AN EQUAL OPPURTUNITY EMPLOYER

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job related military service assignments and volunteer activities. You may exclude organizations, which indicate race, color, religion, gender, national origin, disabilities or other protected status.

| | |
|---|---|
| Employer: | Address: |
| Phone Number(s): | Supervisor: |
| Dates Employed From: To: | Hourly Rate/Salary Starting: Final: |
| Job Title: | Worked Performed: |
| Reason for Leaving: | |

| | |
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| Job Title: | Worked Performed: |
| Reason for Leaving: | |

REFERENCES (No family members or anyone under 18 years of age)

| | |
|----------|-----------------|
| Name: | Phone Number(s) |
| Address: | |
| Name: | Phone Number(s) |
| Address: | |
| Name: | Phone Number(s) |
| Address: | |

Applicant's Statement:

I certify that answers given herein are true and complete to the best of my knowledge.

Signature of Applicant: _____

RELEASE OF REFERENCE

I, _____, do hereby give The Southerlands Retirement Community permission to contact my previous employer(s) for employment reference. I will hold The Southerlands harmless from any information received from my previous employer.

Please list former employer(s) and phone number(s) below.

Previous Employer

Phone Number

Applicant's Signature

Date