

AUTUMN FIELDS EMPLOYMENT APPLICATION

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

Job code _____

PLEASE COMPLETE PAGES 1 through 4 DATE _____

Name _____

Last
First
Middle
Maiden

Present address _____

Number
Street
City
State
Zip

How long _____ Social Security No. _____ - _____ - _____

Telephone (____) _____ Cell _____

If under 18, please list age _____

Position applied for (1) _____
 and salary desired (2) _____
 (Be specific)

Are there any shifts you CANNOT work? _____
 If so, which one and why?

How many hours can you work weekly? _____ Have you worked nights before? _____

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

What date available for work? _____

Education

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

I understand that a complete background check will be made from the information given in this application for employment with Autumn Fields Assisted Living Communities

**PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE**

**Autumn Fields Application
for Employment
Page 2**

Certifications

Do you have any specialty licenses or certificates? _____

Do you have a driver's license? _____ State of Issue? _____

CPR Certified? _____

Office Skills

Typing	<input type="checkbox"/> Yes		<input type="checkbox"/> Yes	Word Processing	<input type="checkbox"/> Yes
	<input type="checkbox"/> No	_____ WPM	10-key	<input type="checkbox"/> No	<input type="checkbox"/> No
Personal Computer	<input type="checkbox"/> Yes	PC <input type="checkbox"/>	Other Skills	_____	
	<input type="checkbox"/> No	Mac <input type="checkbox"/>		_____	

Personal References

Please list two references other than relatives or previous employers.

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
_____	_____
Telephone () _____	Telephone () _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

**PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE**

**Autumn Fields Application
for Employment
Page 3**

Work Experience

	Specialty Jobs	
Have you ever worked with elderly people? <input type="checkbox"/> Yes <input type="checkbox"/> No In what job? _____		
What was most rewarding? _____		

Do you have any physical limitations to lifting? _____

Please list the past 5 years of employment with most recent first

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
Your last job title			
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
Your Last Job Title			
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Please use a separate piece of paper if necessary to complete 5 years of work history

PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE

Autumn Fields
Application for
Employment
Page 4

Please read carefully before signing

I understand that (1) Autumn Fields Assisted Living Communities has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy.

I further understand that my employment with Autumn Fields shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with Autumn Fields is terminable at will for any reason by either party.

Signature of applicant _____ Date: _____

Signature of Parent or Guardian if under 18 _____ Date _____

Autumn Fields is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in Autumn Fields.

May we contact your present employer? Yes No

Did you complete this application yourself Yes No

If not, who did? _____

POST EMPLOYMENT INFORMATION

TO BE COMPLETED ***AFTER*** EMPLOYEE HAS BEEN HIRED

Birth date _____ Hobbies _____

Married Yes No

Full name of significant other _____ Occupation _____

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

Name _____ Telephone (____) _____

Address _____ Relationship _____

Date of employment _____ Job title _____ Dept. _____

Rate of pay _____ Full-time Part-time Salaried amount \$ _____

Drug test confirmation number _____

Name of person verifying information _____

Name of person authorizing employment _____ Date _____