

GULL CREEK SENIOR LIVING COMMUNITY

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

(Please Print)

Position(s) Applied For	Date of Application
How did you hear about job? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk-In <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other	

Last Name	First Name	Middle Name
Address Number Street	City	State Zip Code
Telephone Number(s)		Social Security Number

If you are under 18 years of age, can you provide required Proof of your eligibility to work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever filed an application with us before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If Yes, give date _____

Have you ever been employed with us before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If Yes, give date _____

Are you currently employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
May we contact your present employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you prevented from lawfully becoming employed in this Country because of Visa or Immigration Status? <i>Proof of citizenship or immigration status will be required upon employment</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

What date would you be available for work? _____

Are you available to work: **Full Time** **Part Time** **Shift Work** **Temporary**

Are you currently on "lay-off" status and subject to recall?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can you travel if a job requires it?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been convicted of a felony within the last 7 years? <i>Conviction will not necessarily disqualify an applicant from employment</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If Yes, please explain _____

Education

	Elementary School					High School				Undergraduate College/University				Graduate/Professional			
School Name and Location																	
Years Completed	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree																	
Describe Course of Study																	
Describe any specialized training, apprenticeship, skills and extra-curricular activities																	
Describe any honors you have received																	
State any additional information you feel may be helpful to us in considering your application																	

Indicate any foreign languages you can speak, read, and/or write			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

List professional, trade, business or civic activities and offices held.
You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status.

References

Give name, address and telephone number of three references who are not related to you and are not previous employers.

1. _____

2. _____

3. _____

Have you ever had job-related training in the United States military? € Yes € No

If Yes, please describe _____

Are you physically or otherwise unable to perform the duties of the job for which you are applying?

€ Yes € No

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, handicap or other protected status.

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Applicant's Statement

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

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

Employment Data Record

Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other legally protected status.

As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose for this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information please note that all Data Records are kept in a Confidential File and are not part of your Application for Employment or personnel file. Please note: **YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.**

VOLUNTARY SURVEY

(Please Print)

Date _____

Government agencies at times require periodic reports on the sex, ethnicity, handicap, veteran and other protected status of employees. This data is for statistical analysis with respect to the success of the Affirmative Action program. **SUBMISSION OF THIS INFORMATION IS VOLUNTARY.**

Name		
Address		
City	State	Zip
Social Security Number		

Complete the Sections Below

Current Job
Check One: <input type="checkbox"/> Male <input type="checkbox"/> Female
Check One of the Following: (Ethnic Origin) <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> Other <input type="checkbox"/> Asian/Pacific Islander
Check If Any Of The Following Are Applicable <input type="checkbox"/> Vietnam Era Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Handicapped Individual
Birth Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview € Yes € No

Remarks _____

Interviewer _____

Date _____

Employed € Yes € No

Date of Employment _____

Job Title _____

Hourly Rate/Salary _____

Department _____

By _____

Name and Title

Date

NOTES _____

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied For is Open: € Yes € No

Position(s) Considered For: _____

Date _____

NOTES _____

EMPLOYEE REFERENCE INQUIRY

GULL CREEK SENIOR LIVING COMMUNITY

1 MEADOW STREET

BERLIN, MD 21811

Top portion to be completed by applicant (Do Not Detach)

Former Employer: Name _____ Name at time of employment: _____
Address _____ Social Security Number: _____

Employed FROM _____ TO _____

I hereby authorized all current or former employers to furnish Gull Creek Senior Living Community in Berlin, MD, with any information concerning my employment history that they have on record. I hereby release these former employers and all individuals associated with them from liability for any damages incurred in furnishing such information.

Signature: _____ Date: _____

Please complete the following evaluation concerning the person whose name appears above. Your response will be kept in confidence.

TO BE COMPLETED BY EMPLOYER

Job Title: _____ Employed From: _____ To: _____

Reason for Leaving: _____

	Excellent	Above Average	Satisfactory	Marginal	Poor
Work Quality					
Work Quantity					
Judgment					
Organizational Ability					
Cooperation Attitude					
Attendance Punctuality					

Would you rehire? Yes or No If not, why not? _____

Comments: _____

Signature: _____ Date: _____ Title: _____