

SENSATIONS APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer and will not discriminate in the hiring process on the basis of sex, religion, race, color, age, disability, sexual orientation, marital or veteran status, national origin or genetic information. All questions need to be answered, if not the application will be void as incomplete and not processed for consideration.

Date: _____ Email Address: _____

Applicant Name: _____

Present Address: Street _____ City _____ Zip Code _____

Telephone #: _____ Cell #: _____

Permanent Address (If different from present address): _____

Are you at least 18 years of age or older?

Yes No

Are you authorized to work in the U.S.?

Yes No

Have you ever worked or attended school under another name? If so, under what name?

Have you ever been convicted of a crime? * Yes No

If yes, give details, including date(s):

* A "yes" answer will not automatically disqualify you from employment. We will consider the nature and date of the offense and the job for which you are applying for job-related purposes only, and only to the extent permitted by applicable law.

POSITION DESIRED

For which position have you applied for:

Have you read and understand a job description for this position?

Yes, I understand No, I do not understand

Date you can start: _____

Are you interested in Part Time Employment?

Yes No

Can you work 20-40 hours per week?

Yes No

Are you able to work: (answer all questions with a yes or no)

Weekends* Yes No Holidays* Yes No Daytime hours between 7am-5pm Yes No

Evening hours between 2pm-12am Yes No Overnight hours between 12am-8am Yes No

* required for the position for which you're applying

Are you available to work overtime and on-call hours? Yes No

Have you previously worked for this company? If so, from: _____ to _____

Reason for leaving: _____

Former supervisor(s) at this company:

How did you learn about this opening?

Are you currently under a non-compete agreement with a previous employer? Yes No

EDUCATION

High School:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Technical School:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
College/University:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:

Do you have any of the following licenses or certifications?

Certified Nurse Aid Yes No - If yes, please indicate your license number: _____

Nursing License Yes No - If yes, please indicate your license number: _____

Other job- related licenses, certifications or credentials Yes No - If yes, please detail: _____

MILITARY EXPERIENCE

Branch of Service:	Dates Served:	Rank at Discharge:
Education and Training:		

WORK EXPERIENCE

Please list all previous employment, beginning with the most recent. If you need more room, you may attach another sheet of paper.

1. Employer:		Address:	
From	to	Position Held:	Reason for leaving:
Supervisor's Name & Title:			May we contact? Phone #: <input type="checkbox"/> Yes <input type="checkbox"/> No Fax #:
Description of Duties:			
Starting Hourly Pay:		Final Hourly Pay:	
2. Employer:		Address:	
From	to	Position Held:	Reason for leaving:
Supervisor's Name & Title:			May we contact? Phone #: <input type="checkbox"/> Yes <input type="checkbox"/> No Fax #:

Description of Duties:		
Starting Hourly Pay:		Final Hourly Pay:
3. Employer:		Address:
From to	Position Held:	Reason for leaving:
Supervisor's Name & Title:		May we contact? Phone #: <input type="checkbox"/> Yes <input type="checkbox"/> No Fax#:
Description of Duties:		
Starting Hourly Pay:		Final Hourly Pay:
<p>I understand that as a condition of employment for a position with Sensations Memory Care Residence, that I must authorize and consent to a pre-employment and annual TB screening test and by signing below, I am doing so. In the event that I test or have tested positive for TB, I will authorize and consent to a pre-employment and annual chest x-ray to rule out active disease.</p>		
Applicant Signature: _____		Date: _____
AUTHORIZATION AND ACKNOWLEDGMENTS		
<p>I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that if I am employed, any false statements on this application may be grounds for dismissal.</p>		
<p>I authorize investigation of all statements contained in this application. I also grant permission to contact all references listed above, and authorize them to release all information concerning my previous employment and any other pertinent information these references might have, personal or otherwise. I release all parties from all liability for any damage that may result from furnishing this information to Sensations Memory Care Residence.</p>		
<p>I understand and agree that Sensations Memory Care Residence may obtain or have prepared a consumer/investigative consumer report concerning my prior employment, military record, education, credit worthiness, or credit standing, credit capacity, character, general reputation, personal characteristics, criminal background, or mode of living. By signing below, I authorize Sensations Memory Care Residence to obtain such a report.</p>		
<p>I understand and agree that I may be asked to submit to pre-employment tests (including a drug test and fingerprinting) upon a conditional offer of employment.</p>		
<p>I understand and agree that, if hired, my employment is for no definite period and may be terminated at any time with or without cause and without prior notice. I understand that nothing in this application constitutes an employment contract.</p>		
<p>If employed, I will abide by Sensations Memory Care Residence's rules and procedures.</p>		
Applicant Printed Name: _____		Date: _____
Applicant Signature: _____		Social Security#: _____

AT-WILL STATUS

In consideration of my employment, I agree to conform to the policies, rules and regulations of SMCR. I understand and agree that my employment and compensation are for no definite period and, may, regardless of the time and manner of my wages, be terminated at-will with or without cause and with or without notice at any time, at the sole discretion of Sensations Memory Care Residence or myself.

Applicant Printed Name: _____

Applicant Signature: _____ Date: _____

Employer Signature: _____ Date: _____

This application will be kept current for 6 months. You need to complete another application to be reconsidered after this date.