



## APPLICATION FOR EMPLOYMENT

This residence is an equal opportunity employer and will not discriminate on the basis of race, creed, color, religion, national origin, ancestry, affectional or sexual orientation, marital status, atypical heredity, cellular or blood trait, nationality, disability (including AIDS and HIV infection) and liability for service in the United States Armed Forces, or any other legally protected status. The facility will make a reasonable accommodation to known physical and mental limitations of a qualified applicant or employee with disability unless the accommodation would impose an undue hardship in the operation of its business.

### PERSONAL INFORMATION

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip Code

Telephone #: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Position applied for: \_\_\_\_\_

Can you perform the essential functions of the position, for which you have applied, with or without an accommodation by the facility? Yes  No

If you answered "No", please identify what job function(s) you cannot perform with or without an accommodation by the facility: \_\_\_\_\_

Full time / Part time: \_\_\_\_\_ Shift: \_\_\_\_\_ Days / Hours available for work: \_\_\_\_\_

Can you work: Weekends?: Yes  No  Holidays?: Yes  No  Overtime?: Yes  No

Date you can start: \_\_\_\_\_ Salary desired: \_\_\_\_\_

Are you 18 years of age or older or do you possess a work permit? Yes  No

Are you either an U.S. citizen or a legal alien who has the legal right to remain permanently and work in the U.S.? Yes  No

Do you have a criminal record? Yes  No

A criminal conviction will not necessarily be a bar to employment. To evaluate your application, please describe the nature of your crime and your subsequent rehabilitation.

What medical / healthcare licenses / certificates do you hold? \_\_\_\_\_

Do you have any charges of abuse on any of your healthcare licenses / certificates? Yes  No





- What are your strengths?

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- What are your weaknesses?

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- What does the ideal job look like; feel like to you?

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- Why are you interested in working at Ivy Gables?

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- Why should we hire you?

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Are you looking  
for a job or a  
career?

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Number by order of importance 1-4, 1 being the most important:

\_\_\_ Culture    \_\_\_ Money    \_\_\_ Benefits    \_\_\_ Development opportunities

### REFERENCES

List three persons not related to you who would be willing to provide professional and/or character references:

	Name	Address	Telephone #
1.			
2.			
3.			



## WORK EXPERIENCE

List below your work experience, starting with your present or most recent place of employment:

Name and address of employer: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Position / title: \_\_\_\_\_ Salary: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Briefly describe your duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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Telephone #: \_\_\_\_\_

Position / title: \_\_\_\_\_ Salary: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Briefly describe your duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_



May we contact your present employer at this time? Yes  No

Is any additional information relative to your choice of name, use of assumed name or nickname necessary to enable the residence to verify your work or educational record? Yes  No

If yes, please explain: \_\_\_\_\_

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**I understand that my employment will begin with a three-month introductory period. I also understand that, if I am employed by the residence, I will be an employee “at will” and that I can be terminated or voluntarily end my employment at any time and for any reason.**

I hereby authorize any person or entity, public or private, having any information concerning my background, including but not limited to, credit records, criminal law violations, education record, driving record, state tax records, employment records, professional licenses and disciplinary matters to release such information to Ivy Gables. This information is to be used for possible employment with Ivy Gables.

I understand that with a national check of the Criminal History records Information Database, I have the following rights:

- To obtain a copy of any background check report; and
- To challenge the accuracy and completeness of any information contained in any such report and obtain prompt determination as to the validity of such challenge before a final determination is made by Ivy Gables.

I understand that if Ivy Gables has a business necessity to request a credit history check, I will be provided a separate notice of my rights under the Federal Credit Reporting Act and a separate release form to sign.

I further authorize, intend and understand that this release of information shall continue and remaining full force and effect at all times during my employment with Ivy Gables and may be used at any time during my employment with Ivy Gables

**In event of employment, I understand that any misstatement, omission or misleading information given in my application or interview or in connection with other company records may result in the rejection of my application, the withdrawal of any offer of employment or my dismissal after employment.**



Date: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_