



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 ☐
If Yes, please explain _____

Have you ever served in the U.S. Armed Forces? Yes ☐ No ☐

Are you related to any employee of Ivy Gables? Yes ☐ No ☐

How did you learn of this job opening? _____

IVY GABLES IS A SMOKE FREE AND CELL PHONE FREE CAMPUS



EDUCATION

Highest grade completed:

1 2 3 4 5 6 7 8 9 10 11 12
Grade / High School

1 2 3 4 5 6
College

Name of High School: _____

Graduated: Yes ☐ No ☐

GED: Yes ☐ No ☐

Name of College: _____

Address: _____

Graduated: Yes ☐ No ☐ Degree: _____

Vocational or trade training: _____

Professional Licenses: _____

#: _____ State: _____ Expiration Date: _____

Certification(s): _____

State: _____ Issue Date: _____ Expiration Date: _____

ABOUT YOURSELF

▪ What do you like, not like, hobbies... _____

▪ What are your strengths? _____

▪ What are your weaknesses? _____

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

▪ Why are you interested in working at Ivy Gables? _____

▪ Why should we hire you? _____

Are you looking for a job or a career? _____

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: _____

Name and address of employer: _____

Telephone #: _____

Position / title: _____ Salary: _____

Supervisor: _____ Dates of Employment: From: _____ To: _____

Briefly describe your duties: _____

Reason for leaving: _____

Name and address of employer: _____

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: _____

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: _____