



Employment Application

All applicants will receive consideration without discrimination because of race, creed, color, religion, sex, age, national origin, handicap or veteran status.

PERSONAL HISTORY

Last Name	First Name	Middle	Application Date / /
Street Address		City	State Zip
Mailing Address (if different than above)			
()		()	
Telephone / /		Email Address	
Social Security Number		Date available to begin work	
		\$	
Position Applying for		Expected Pay	
Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, month and year: _____	
Are you available for nights and weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No		If not, what hours can you work? _____	
Will you work over-time? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you bondable? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If hired, could you provide written evidence of the right to work in this country?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
In case of emergency, notify		Phone	
Address		Relationship	

EDUCATION & SKILLS

Give record of all High Schools, Colleges, Universities and Special Schools you have attended.

Name of School/Location	Grade Completed or Degree(s)	Subjects Studied or Major

Check if you can operate or do any of the following (Use margin to explain a skill not listed).

[] Calculator	[] List Software Used	[] Other (List)
[] Personal Computer	_____	_____
[] Shorthand _____	_____	_____
[] Transcriber	_____	_____

Have you ever been convicted of, pled guilty or no-contest to a felony or misdemeanor other than a routine traffic violation? [] Yes [] No

MILITARY

Have you been in the military? Yes No

Are you currently on active duty or in the reserves? Yes No

Do you have any relatives presently employed by Solterra Senior Living? Yes No Who: _____

EMPLOYMENT HISTORY

Please give accurate, complete full-time and part-time work. Start with present or most recent employer.

<u>Company Name</u>	Telephone
Address	Date Employed (Month & Year) From: To:
Name of Supervisor	Weekly Pay Start: \$ Last: \$
Job Title & Description of Duties	Reason for Leaving
<u>Company Name</u>	Telephone
Address	Date Employed (Month & Year) From: To:
Name of Supervisor	Weekly Pay Start: \$ Last: \$
Job Title & Description of Duties	Reason for Leaving
<u>Company Name</u>	Telephone
Address	Date Employed (Month & Year) From: To:
Name of Supervisor	Weekly Pay Start: \$ Last: \$
Job Title & Description of Duties	Reason for Leaving

PERSONAL/PROFESSIONAL REFERENCES (Other than family)

Please provide two professional and two personal references.

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Relationship</u>

I authorize Solterra Senior Living to communicate with persons listed as references, former employers, and any others with whom the company desires to check. I agree to hold such persons harmless with respect to any information they may give about me.

I understand that any misrepresentation, deception, or false statement made in this Employment Application may result in my not being considered for employment, and if not discovered by the Company until after my becoming employed, is grounds for, and may result in, my immediate termination.

I understand that the Company may require the successful completion of a urinalysis for drug testing purposes as a condition of employment. By submitting this Application for Employment, I hereby consent to said test, at the Company's discretion.

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 documentation or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

If employed, I agree to hold in strictest confidence any information concerning the Company and its Agents which may come to my knowledge.

I personally completed this application and all statements contained herein are truthful.

Signature

Date