



Application for Employment

Date of Application: _____ Position applied for: _____
 Last Name _____ First Name _____ MI _____
 Address _____ City _____ State _____ Zip _____
 Email address _____ Phone No. () _____

Date Available for Employment: _____

Are you available for work: Full Time Part Time Temporary

Are you currently employed? Yes No If so, where? _____

May we contact your current employer? Yes No If so, phone no. () _____

Are you under the age of 18? Yes No

Have you previously been employed by Magnolia Gardens? Yes No

Please list any relatives/friends who work here: _____

Have you been convicted of a felony? Yes No

Do you have a reliable means of transportation to enable you to be at work as required? Yes No

Will you work overtime if asked? Yes No

If required, are you able to work evenings? Yes No

Are there hours, shifts or days you are unable to work? If yes, when? _____

EDUCATION DATA

	School Attended	Dates	Years Completed
Elementary			
High School			Did you graduate?
College			
Trade			
Other			

Military Service:

Branch _____ Date Served _____
 Rank at Discharge _____ Type of Discharge _____

SKILLS AND QUALIFICATIONS

Summarize any training, licenses and/or certification that may qualify you for the position in which you are applying? _____

Other languages (please indicate if read, written or spoken) _____

Do you have a valid driver's license? __ Yes __ No

PERSONAL REFERENCES

Name _____

Address _____

Phone No. _____ Years Known _____

Name _____

Address _____

Phone No. _____ Years Known _____

Name _____

Address _____

Phone No. _____ Years Known _____

PROFESSIONAL REFERENCES

Employer _____

Address _____

Phone No. () _____ Dates Employed

Job Title _____ From _____

Supervisor _____ To _____

Reason for Leaving _____

Employer _____

Address _____

Phone No. () _____ Dates Employed

Job Title _____ From _____

Supervisor _____ To _____

Reason for Leaving _____

Employer _____

Address _____

Phone No. () _____ Dates Employed

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Signature of Applicant attesting that the above information is accurate and true:

Signature

Date



Applicant Reference Check Form

Facility Name **Magnolia Gardens Assisted Living**
 Facility Address 3800 62nd Ave. N. , Pinellas Park, FL 33781

To be completed by applicant:

I hereby give consent for Magnolia Gardens to check my references.

Signed: _____ **Date:** _____

Reference Name: _____ Relationship to applicant: _____

Company Name: _____ Phone: _____

1. Could you tell me the dates he/she was with your company?

2. What was his/her position?

3. What was his/her salary/wage?

4. He/she stated their reason for leaving was _____ does that match your records?

5. Would you consider the employee eligible for re-hire?

Can you tell me why?

BEHAVIOR	POOR	FAIR	GOOD	EXCELLENT
Attendance				
Teamwork				
Initiative				
Quality of Work				
Customer Service				
Leadership ability				
Solving problems				
Under pressure				
Technical				
Skills/Accuracy				

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Background/Drug Screening Agreement

I understand and agree that as a condition of my employment with Magnolia Gardens, I must pass a criminal and sexual offender background screening as well as a drug screening. I agree to allow Magnolia Gardens to check my background prior to employment as well as on my anniversary date each year going forward.

Name: _____
 First Last Middle Initial

SS#: _____ Date of Birth: _____ Place of Birth: _____

Phone#: _____ Email: _____

Address: _____
 Street# Street Name Unit #

City: _____ State: _____ Zip: _____

Employee Signature: _____ Date: _____

ADMINISTRATIVE USE ONLY

Approved: Yes _____ or No _____

Effective Date: ____/____/____

Name of staff member completing the background/drug screening: _____

Signature of staff member completing the background/drug screening: _____

Application for Employment

APPLICANT'S STATEMENT, AUTHORIZATION, AND RELEASE

By submitting this application or other documents, I agree to conform to the rules and regulations of the Company, including a Probationary Period. I certify that the information provided in this Application for Employment is correct and complete. I authorize the investigation of this information and give permission for the Company, or their designated representatives to contact schools, previous employers, personal references and others to verify the data I have supplied. I release and indemnify the Company from any claims or liability resulting from such inquiry. In addition, I release the schools, my previous employers, and other individuals from all liability as a result of responding to such inquiries. I understand that my misrepresentation, omission of fact(s), or incomplete information may disqualify me for employment with the Company. In addition, if I am employed by the Company, any discovery of misrepresentation or omission of fact(s) on this Application for Employment following my employment may result in discipline up to and including termination.

I understand and agree as a condition of continued employment that I will be required to take a drug and/or alcohol test as part of any work related accident investigation.

I understand that employment with the Company is for no guaranteed period of time and may be terminated by myself, the Company with or without notice. I acknowledge that any promise, policies, business practices, procedures, or documents (including the Company's Employee Handbook) do not constitute an employment contract or modification of the at-will employment relationship between Company and myself.

Note: Complete details of the Company's Drug Free Workplace Policy will be provided during the interview process.

THE COMPANY'S STATEMENT

The Company complies with the Americans with Disabilities Act of 1990. During the interview process, you may be asked questions regarding your ability to perform job-related responsibilities. If the Company extends an offer of employment to you, you may be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination or drug screening.

The Company is an equal employment opportunity employer. It is the policy of the Company to make employment decisions without regard to race, color, religion, sex, age, national origin disability, sexual orientation, marital status or any other protected category.

Applicants who are accepted for employment with the Company should understand that while every effort is made to provide continuous work, there are no employment contracts and the permanency of any position is not guaranteed.

FAIR CREDIT REPORTING ACT NOTIFICATION

You are notified that in connection with your application for employment (including contract for services) and/or active employment with the Company, a consumer report and/or investigative report which may contain public record information may be requested and/or made on you. This report may include consumer credit, criminal records, driving records, education history, prior employer verification and other information for the purpose of considering you for employment, promotion, reassignment or retention with the Company.

These reports may include information regarding your career experience along with reasons for termination of past employment, information regarding your character, reputation, personal characteristics and/or mode of living and will be obtained from public or private record sources or through personal interviews. Information may also be requested from various Federal, State, local or other agencies.

Before a consumer and/or investigative report is requested, you will be asked to complete a Disclosure and Consent Form. You will be provided the name and address of the consumer-reporting agency to which the request for information is being made. You will have the right to a complete disclosure of the nature and scope of the investigation and a written summary of your rights under the Fair Credit Reporting Act.

Signature

Date