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# Shorewood

## SENIOR LIVING

**Shorewood Senior Living**  
**1451 Spruce Street**  
**Florence, OR 97439**

**COMMUNITY PHONE**  
**541.997.8202**

## Employment Application

### PERSONAL INFORMATION

NAME (LAST, FIRST, MIDDLE)		TELEPHONE (including area code)
ADDRESS		EMAIL
SOCIAL SECURITY NO.	DATE OF LAST PHYSICAL EXAM	ARE YOU 18 YEARS OF AGE OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO, IF NO, AGE:
		DATE OF LAST TB TEST

HAVE YOU EVER BEEN EMPLOYED UNDER A DIFFERENT NAME?  
 YES  NO IF YES, PLEASE LIST NAMES USED.

DO YOU POSSES A VALID DRIVER'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO CDL NO:	HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED? <input type="checkbox"/> YES <input type="checkbox"/> NO, IF YES, PLEASE EXPLAIN	
HAVE YOU HAD A BACKGROUND CHECK CONDUCTED BY THE HEALTH AND WELFARE DEPARTMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES DATE COMPLETED:	WERE YOU CLEARED? <input type="checkbox"/> YES <input type="checkbox"/> NO

### DESIRED POSITION

DESIRED POSITION	DESIRED POSITION (2 <sup>ND</sup> CHOICE)	<input type="checkbox"/> P/T <input type="checkbox"/> F/T <input type="checkbox"/> TEMP <input type="checkbox"/> ON-CALL OTHER:
HAVE YOU EVER WORKED FOR THIS COMMUNITY? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN?	
HAVE YOU EVER APPLIED FOR A JOB AT THIS COMMUNITY? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN?	
DO YOU HAVE RELATIVES THAT WORK FOR THIS COMMUNITY? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PLEASE IDENTIFY:	

### WORK AUTHORIZATION

ARE YOU LEGALLY AUTHORIZED TO WORK IN THE USA?  
 YES  NO

To comply with the Immigration Reform and Control Act, if you are hired, you will be required to provide documents to establish your identity and authorization to work in the USA. Such documents will be required within the first three (3) business days following your hire or upon your first work day if your employment will be less than three (3) days.



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### EDUCATIONAL BACKGROUND

HIGH SCHOOL – CIRCLE HIGHEST YEAR COMPLETED

6 7 8 9 10 11 12

DIPLOMA

YES  
 NO

CURRENTLY ENROLLED IN HIGH SCHOOL COMPLETION COURSE

YES  NO

IF YES, EXPECTED COMPLETION DATE:

EDUCATION COURSES RELATED TO EMPLOYMENT

COURSE TITLE	NAME OF SCHOOL OR ORGANIZATION AND ADDRESS	NUMBER UNITS COMPLETED	DATE COMPLETED	CURRENTLY ENROLLED
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO

COLLEGE/TECHNICAL SCHOOL

NAME OF UNIVERSITY, COLLEGE OR BUSINESS SCHOOL AND ADDRESS	MAJOR SUBJECT	NO. OF YEARS COMPLETED	NO. OF UNITS COMPLETED	DIPLOMA, DEGREE OR CERTIFICATE	DATE COMPLETED

### REFERENCES

Please list three (3) persons who can give information about your background, character, abilities etc.

NAME	ADDRESS	TELEPHONE NO.	RELATIONSHIP TO YOU (FRIEND, EMPLOYER ETC.)

### PROFESSIONAL & TECHNICAL QUALIFICATIONS

PLEASE LIST ANY PROFESSIONAL AFFILIATIONS OR ACCREDITATIONS THAT HAVE A DIRECT BEARING UPON YOUR QUALIFICATIONS FOR THE JOB FOR WHICH YOU ARE APPLYING. INCLUDE ALL LICENSES AND CERTIFICATIONS.

HAVE YOU EVER HAD YOUR PROFESSIONAL LICENSE OR CERTIFICATION SUSPENDED, REVOKED, OR RESTRICTED?

YES  NO IF YES, PLEASE EXPLAIN:

DESCRIBE ANY SPECIAL SKILLS OR ABILITIES THAT DIRECTLY RELATE TO THE JOB FOR WHICH YOU ARE APPLYING.



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## SENIOR LIVING

### WORK HISTORY AND EXPERIENCE

Please list your most recent work experience first.

EMPLOYER/COMPANY		DATES OF EMPLOYMENT
ADDRESS		TELEPHONE
STARTING POSITION	ENDING POSITION	SUPERVISOR
STARTING SALARY	ENDING SALARY	ARE YOU ELIGIBLE FOR RE-HIRING? <input type="checkbox"/> YES <input type="checkbox"/> NO
REASON FOR LEAVING		

EMPLOYER/COMPANY		DATES OF EMPLOYMENT
ADDRESS		TELEPHONE
STARTING POSITION	ENDING POSITION	SUPERVISOR
STARTING SALARY	ENDING SALARY	ARE YOU ELIGIBLE FOR RE-HIRING? <input type="checkbox"/> YES <input type="checkbox"/> NO
REASON FOR LEAVING		

EMPLOYER/COMPANY		DATES OF EMPLOYMENT
ADDRESS		TELEPHONE
STARTING POSITION	ENDING POSITION	SUPERVISOR
STARTING SALARY	ENDING SALARY	ARE YOU ELIGIBLE FOR RE-HIRING? <input type="checkbox"/> YES <input type="checkbox"/> NO
REASON FOR LEAVING		

EMPLOYER/COMPANY		DATES OF EMPLOYMENT
ADDRESS		TELEPHONE
STARTING POSITION	ENDING POSITION	SUPERVISOR
STARTING SALARY	ENDING SALARY	ARE YOU ELIGIBLE FOR RE-HIRING? <input type="checkbox"/> YES <input type="checkbox"/> NO
REASON FOR LEAVING		

MAY WE CONTACT YOUR CURRENT EMPLOYER LISTED ABOVE?  YES  NO



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### EQUAL OPPORTUNITY

It is our policy to provide equal opportunity to all employees and applicants for employment without regard to race, color, religion, sex, national origin, age, sexual orientation, handicap, or disabled Vietnam-era status.

VARIOUS AGENCIES OF THE US GOVERNMENT REQUIRE EMPLOYERS TO COLLECT INFORMATION ON APPLICANTS. INFORMATION REQUESTED ON THIS SHEET IS FOR PURPOSES OF COMPLIANCE WITH THESE RECORD-KEEPING REQUIREMENTS AND TO DETERMINE RECRUITING AND EMPLOYMENT PATTERNS.

Such information will in no way affect the decision regarding your application for employment. This sheet will be kept confidential and maintained separately from your application form.

**Completion of this sheet is voluntary and is NOT REQUIRED FOR EMPLOYMENT**

NAME \_\_\_\_\_ DATE \_\_\_\_\_

POSITION(S) APPLIED FOR \_\_\_\_\_

RACE (Check all that apply)	GENDER
<input type="checkbox"/> CAUCASIAN/WHITE <input type="checkbox"/> AFRICAN AMERICAN/BLACK <input type="checkbox"/> HISPANIC	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> OTHER
<input type="checkbox"/> ASIAN OR PACIFIC ISLANDER <input type="checkbox"/> AMERICAN INDIAN/ALASKAN NATIVE	
<input type="checkbox"/> OTHER	

Regulations issued by the US Department of Labor with respect to veterans require that federal contractors provide a self-identification opportunity to applicants for employment. Such self-identification and any information provided by the applicant are submitted (a) on a voluntary basis (b) on a confidential basis (c) for use only in accordance with regulations, and (d) without subjecting the individual to adverse treatment. If you wish to be identified, please do so, and provide any information you wish to submit.

SPECIAL DISABLED VETERAN (A person who is entitled to disability veteran compensation under laws administered by the Veterans Administration for disability rated at 30% or more; or was discharged or released from active duty because of a service-connected disability.)

VIETNAM ERA VETERAN (A veteran who is honorably discharged and served 180 days of active duty between August 5, 1964 and May 7, 1975.)

OTHER ELIGIBLE VETERAN (A veteran who served on active duty during a war in a campaign or expedition for which a campaign badge has been authorized.)

\_\_\_\_\_



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## CERTIFICATION & ACKNOWLEDGEMENT

PLEASE READ CAREFULLY AND SIGN BELOW

I hereby certify that all of the information in this application is complete and accurate to the best of my knowledge and belief. I understand and agree that any omissions or false or inaccurate statements in my application or interview may be justification for refusal to hire or termination of employment.

I hereby authorize this community and/or its duly authorized agents to investigate all references, to contact all prior employers and to secure additional information about me concerning my qualifications for the position applied for. I hereby release from liability this community and its representatives for seeking such information.

I hereby authorize all prior employers, schools, credit bureaus, Social Security Administration, law enforcement agencies, consumer reporting agencies, investigative companies, and any other persons, companies or governmental or other agencies to give this community any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, concerning my qualifications for the position applied for. I release all persons or entities from all liability for any damage or injury that may result from furnishing information to this community I also release this community and all of its employees from all liability for any damage or injury that may result from reliance on the information furnished.

I understand and agree that nothing contained in this application or in the hiring process is intended to create an employment contract. If I am offered and accept employment, I agree to abide by this community's policies and procedures, and Employee Handbook. I understand and agree that my employment is 'at will' and therefore my employment can terminate, with or without cause, at any time at my option or the option of this community. This 'at will' employment relationship may not be modified by any oral or implied agreement.

I understand and agree that I must meet all the physical standards established by this community to perform the essential functions of any job for which I am offered employment. I understand that if offered employment, I might be required as a condition of employment to take a physical examination. I also understand that during employment I might from time to time be subjected to physical examinations and/or physical ability tests to demonstrate that I can perform the essential functions of my job.

I understand and agree that this community may from time to time require that I submit to a drug and/or alcohol test as a condition of employment. This community reserves the right to conduct searches on this Community's property or of this Community's vehicles, and/or equipment at any time. I further understand that if I refuse to submit to a search I may be terminated.

I understand and agree that this application will remain active for 90 days. If I still want to be considered for a position with this community after this application expires, it is my responsibility to complete a new application.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE



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### CONDITIONAL EMPLOYMENT DRUG SCREENING CONSENT FORM

PLEASE READ CAREFULLY AND SIGN BELOW

This community requires a conditional employment test for substance abuse, for the purpose of determining fitness for employment. This community has adopted a zero-tolerance drug and alcohol policy applicable to all its workers and applicants.

Your offer of employment will be withdrawn unless you have agreed to and pass a conditional employment test for substance abuse.

I certify that I have read and understand the rules pertaining to Drugs and Alcohol, and I further agree and consent to taking any blood, 'Breathalyzer," or urine test requested by the company as part of a conditional employment offer.

I hereby authorize the Community designated doctor(s) clinics to release the results of the physical examination, including any test results to this Community.

I understand that failure to consent to this is considered voluntary withdrawal of my application for employment and precludes further consideration for employment. The results of the physical examination will be treated confidentially.

**I have been advised of my right to receive, and have been offered a copy of this signed authorization.**

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE



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### CONFIDENTIAL REFERENCE CHECK

The person named below has applied for employment with this community. He/she has authorized the collection of any information concerning past employment with your organization. This is a community of senior adults, and our employees must be of the highest quality to care for and respect the choices of our residents. It is important to us that we hire the right people for this job, and we appreciate your reply to the questions below. Thank you for your time and thoughtful response.

\_\_\_\_\_  
Community Representative

\_\_\_\_\_  
(Applicant's Name) applying for \_\_\_\_\_  
(Position)

I hereby release from all liability, the company named below, and authorize them to release all information regarding my past employment with them.

\_\_\_\_\_  
Date

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

Previous Employer: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Please verify employment dates  
From \_\_\_\_\_ to \_\_\_\_\_

Please verify salary  
Salary: \_\_\_\_\_ per hr wk mo yr

Applicants overall performance:  
 Above average     Average     Below average     Poor

Please rate the following:

Quality of work	<input type="checkbox"/> Above average	<input type="checkbox"/> Average	<input type="checkbox"/> Below average	<input type="checkbox"/> Poor
Professionalism	<input type="checkbox"/> Above average	<input type="checkbox"/> Average	<input type="checkbox"/> Below average	<input type="checkbox"/> Poor
Honesty	<input type="checkbox"/> Above average	<input type="checkbox"/> Average	<input type="checkbox"/> Below average	<input type="checkbox"/> Poor
Attendance	<input type="checkbox"/> Above average	<input type="checkbox"/> Average	<input type="checkbox"/> Below average	<input type="checkbox"/> Poor
Teamwork	<input type="checkbox"/> Above average	<input type="checkbox"/> Average	<input type="checkbox"/> Below average	<input type="checkbox"/> Poor
Attitude	<input type="checkbox"/> Above average	<input type="checkbox"/> Average	<input type="checkbox"/> Below average	<input type="checkbox"/> Poor
Dependability	<input type="checkbox"/> Above average	<input type="checkbox"/> Average	<input type="checkbox"/> Below average	<input type="checkbox"/> Poor
Compassion	<input type="checkbox"/> Above average	<input type="checkbox"/> Average	<input type="checkbox"/> Below average	<input type="checkbox"/> Poor

Reason for leaving: \_\_\_\_\_  
Would you rehire?    Yes    No

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