

# EMPLOYMENT APPLICATION



Senior Services Spirit Corporation is an Equal Opportunity Employer and promotes a diverse and drug-free workplace.



This employer participates in E-Verify to verify the identity and employment eligibility of all new employees, using information from the Form I-9.

\*\*\*\*\* Please print neatly and clearly \*\*\*\*\*

## PERSONAL INFORMATION

Name Last First Middle Today's Date

Home Address: Apt. #

City: State: Zip Code:

Home phone: ( ) Message phone: ( ) Other:

Other names you've had, if any:

If hired, can you provide legal documentation of your eligibility to work in the U.S.?  YES  NO E-mail address:

How did you hear about us (Check one)?  Friend or Relative – Name: \_\_\_\_\_

Newspaper ad – Name of paper: \_\_\_\_\_  Website or Internet Name \_\_\_\_\_  Other: \_\_\_\_\_

Have you ever worked or applied at any RCS(Retirement Community Specialists) managed Property?  Yes  No  
If yes, Location: \_\_\_\_\_

Position(s) You Are Applying For: \_\_\_\_\_

Date You Can Start:  Part-time  Full-time  On-Call  Weekends only

Days of the week available (circle): M T W T F S S Shift preference:  Day  Afternoon  Night

The typical work schedule may require working on weekends and/or Holidays. Is this acceptable?  Yes  No

## EDUCATION HISTORY

Circle the highest grade of school you successfully completed: (High School) 9 10 11 12 (College) 13 14 15 16

High School (Name, City, State): \_\_\_\_\_

Business or Technical School: Degree Earned: \_\_\_\_\_

College or University: Degree Earned: \_\_\_\_\_

License Type	State Issued	Still Current	License Type	State Issued	Still Current
RN or LPN		<input type="checkbox"/> YES <input type="checkbox"/> NO	C.N.A.		<input type="checkbox"/> YES <input type="checkbox"/> NO
Caregiver Certification		<input type="checkbox"/> YES <input type="checkbox"/> NO	Circle AZ Caregiver Certificates Supervisory		

Please circle the level(s) of Arizona Caregiver Certificates you have: Supervisory Personal Directed

Please write briefly why you'd like to work with our elderly residents: \_\_\_\_\_

**WORK HISTORY (GIVE INFORMATION ABOUT YOUR LAST 3 JOBS, STARTING WITH THE MOST RECENT)**

**1 - Employer:**

**Dates Employed:**

**Address:**

**Phone:**

**Your Title/Duties:**

**Your Manager/Supervisor's Name and Title:**

**Reason for Leaving:**

**Ending Salary/Wage:**

**May we contact this Employer?**

Yes

No

**2 - Employer:**

**Dates Employed:**

**Address:**

**Phone:**

**Your Title/Duties:**

**Your Manager/Supervisor's Name and Title:**

**Reason for Leaving:**

**Ending Salary/Wage:**

**May we contact this Employer?**

Yes

No

**3 - Employer:**

**Dates Employed:**

**Address:**

**Phone:**

**Your Title/Duties:**

**Your Manager/Supervisor's Name and Title:**

**Reason for Leaving:**

**Ending Salary/Wage:**

**May we contact this Employer?**

Yes

No

**PERSONAL REFERENCES (NON-RELATIVES WHO HAVE KNOWN YOU FOR AT LEAST 5 YEARS)**

**1 - Name:**

**Address:**

**City:**

**State:**

**Zip:**

**Work Phone:**

**Home Phone:**

**How do you know this person?**

**2 - Name:**

**Address:**

**City:**

**State:**

**Zip:**

**Work Phone:**

**Home Phone:**

**How do you know this person?**

**Additional Reference Information:**

Do you have a reliable way to get to and from work each day?  Yes  No

Do you have a valid driver's license or an official state photo I.D. card?  Yes  No

Do you have current C.P.R. training?  Yes, expires:  No

Have you had a Tuberculosis (T.B.) test in the last 6 months?  Yes, date:  No

Do you have current adult First Aid training?  Yes, expires:  No

Have you been convicted of a felony/misdemeanor?  Yes (see below)  No

*Answering yes does not necessarily bar you from employment.  
However, certain positions do require that you be able to obtain a DPS  
Fingerprint Card.*

If yes, please explain:

Offenses/Type

Dates

Do you have any restrictions, physical or mental disabilities, handicaps or medical conditions that would restrict or limit your ability to perform the job as described?  Yes  No

If yes, please explain what accommodations may need to be made:

**PLEASE READ CAREFULLY AND SIGN BELOW**

By my signature below, I certify that all information given by me herein is true. I understand that any omission, falsification of any fact or misrepresentation contained in this application shall be grounds for rejection of my application or for immediate termination after hire. I authorize Senior Services Spirit Corp. or its agents to investigate all statements contained herein and the references listed to give any and all information concerning my previous employment and all other pertinent information, personal or otherwise. These investigations will be made prior to any employment and may also be made anytime after employment, at the sole discretion of the employer. I release all parties from any and all claims or liability arising out of or related to such investigation, disclosure or utilization of such information. All employment offers are made contingent upon the results of a national criminal background check and the outcome of reference checks.

I have reviewed and understand both the company dress code and the job description of the position I am applying for and can perform all job functions with reasonable accommodation, if necessary.

I understand that should Senior Services Spirit Corp. employ me, employment is an at-will relationship. My employment does not constitute a contractual relationship and is terminable at any time by me or by the employer for any reason. I also understand and agree that no representative of Senior Services Spirit Corp. has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

I acknowledge the right that Senior Services Spirit Corp. has to require, and I agree to participate in, any examination, testing, inspection or investigation regarding suspected non-prescribed drug use (including intoxicants), theft, fraud or abuse.

I further agree that I will not accept any paid employment directly with any resident.

<b>Your Signature:</b>	<b>Date:</b>
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