

EMPLOYMENT APPLICATION



To Applicants: Scottsdale Memory Care is an equal opportunity employer and makes all employment decisions without regard to race, color, national origin, religion, sex age, disability, or status as a disabled veteran or veteran of the Vietnam era. We deeply appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid in placing you in the position that best meets your qualifications.

PERSONAL INFORMATION

PLEASE PRINT ALL INFORMATION CLEARLY:

Date: _____

Name: _____, _____
Last First Middle

Present Address: _____
Street/apt# City State Zip

Previous Address: _____
Street/apt# City State Zip

How long have you lived at present address? _____ How long at previous address? _____

Preferred Contact: Home Telephone: _____ Cell Phone: _____

Are you at least 18 years old? _____ Email: _____

Are you legally eligible for employment in the USA? _____ Do you have reliable transportation? _____

Position for which you are applying: _____ Expected Salary: _____

Type of Employment you are seeking: Full-Time Part-Time Temporary

Please list your preferred shift: 1st Choice: _____ 2nd Choice: _____

Have you previously been employed by Avenir Senior Living? _____

How did you learn of this position? _____

Have you ever been bonded? _____ If yes, for what job(s) _____

Have you ever been convicted of a felony, misdemeanor or offense other than minor traffic violations? _____

If yes, describe in full: _____

Are you excluded from participation in Federal Health Care Programs? _____

If yes, please explain: _____

On what date would you be available to begin work? _____

EMPLOYMENT RECORD

List below present and past employment beginning with your most recent. Please complete all information when submitting a resume.

1. Company Name: _____
Address: _____
Phone Number: _____ Supervisor's Name: _____
Position Held: _____ Salary: _____
Start Date: _____ End Date: _____
Reason for Leaving: _____

2. Company Name: _____
Address: _____
Phone Number: _____ Supervisor's Name: _____
Position Held: _____ Salary: _____
Start Date: _____ End Date: _____
Reason for Leaving: _____

3. Company Name: _____
Address: _____
Phone Number: _____ Supervisor's Name: _____
Position Held: _____ Salary: _____
Start Date: _____ End Date: _____
Reason for Leaving: _____

4. Company Name: _____
Address: _____
Phone Number: _____ Supervisor's Name: _____
Position Held: _____ Salary: _____
Start Date: _____ End Date: _____
Reason for Leaving: _____

May we contact your previous employers? _____

If not, which employers do you not want us to contact? _____

Why would you like to work at Scottsdale Memory Care? _____

EDUCATION RECORD

High School/GED	Did you Graduate?
	Currently Attending
Degree Obtained	Grade Point Average

Technical School	Did you Graduate?
	Currently Attending?
Degree/Certification Obtained	Grade Point Average
Special Areas of Study	

College/University	Did you Graduate?
	Currently Attending?
Degree/Certification Obtained	Grade Point Average
Special Areas of Study	

Graduate School	Did you Graduate?
	Currently Attending?
Degree/Certification Obtained	Grade Point Average
Special Areas of Study	

Certifications or Licensures (Please be specific): _____

List any other experiences, skills, hobbies, or qualifications that may benefit our organization: _____

MILITARY SERVICE RECORD

Were you in the Armed Forces? _____ If so, what branch? _____

Dates of Duty: From _____ To _____ Rank at Discharge: _____

List duties in the service: _____

PLEASE READ AND SIGN BELOW:

I understand that nothing contained in this application or in the interview process is intended to create an employment contract between myself and Scottsdale Memory Care. If I am employed by Scottsdale Memory Care I will be an employee-at-will. This means that both Scottsdale Memory Care and I have the right to terminate my employment at any time, for any reason, with or without cause. I also acknowledge that upon receiving an offer of employment, I will be required to successfully complete all pre-employment requirements such as a physical, PPD skin test, drug screen, background check, OIG, and references.

The facts set forth in my application for employment are true and complete. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my personal history, financial, and credit record through any investigative or credit agencies or bureaus of your choice. In making this application for employment I authorize you to make an investigative consumer report whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry, if made, may include information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written request within a reasonable amount of time to receive additional, detailed information about the nature and scope of any such investigative report that is made.

Signature: _____

Date: _____