



# Employment Application

## Board & Care for the Elderly

**PERSONAL INFORMATION**
**DATE OF APPLICATION:** \_\_\_\_\_

**Name:** \_\_\_\_\_

Last
First
Middle
**Address:** \_\_\_\_\_

Street
(Apt)
City, State
Zip
**Alternate Address:** \_\_\_\_\_

Street
City, State
Zip
**Contact Information:** ( ) ( ) \_\_\_\_\_

Home Telephone
Mobile
Email Address
**Position Applied For:** \_\_\_\_\_ **Available Start Date:** \_\_\_\_\_

**How many hours can you work weekly?** \_\_\_\_\_ **Can you work nights?** \_\_\_\_\_

**Employment desired:**     FULL-TIME ONLY     PART-TIME ONLY     FULL-TIME OR PART-TIME

**Are you currently employed?**  Yes  No **Current or Last Hourly Rate:** \_\_\_\_\_ **Desired Hourly Rate:** \_\_\_\_\_

**EDUCATION**

	Name and Location	Graduate? / Degree?	Major / Subjects of Study
<b>High School</b>			
<b>College or University</b>			
<b>Specialized Training, Trade School, etc...</b>			
<b>Other Education</b>			

Please list your areas of highest proficiency, special skills or other items that may contribute to your abilities in performing the above mentioned position. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DO YOU HAVE A DRIVER'S LICENSE?**  Yes  No **Driver's Lic. #:** \_\_\_\_\_ **State:** \_\_\_\_ **Exp. Date:** \_\_\_\_\_

**Have you had any accidents during the last three years?**  Yes  No **If yes, how many?** \_\_\_\_\_

**Have you had any moving violations during the last three years?**  Yes  No **If yes, how many?** \_\_\_\_\_

**Have you ever been convicted of a crime?**  Yes  No **Please explain:** \_\_\_\_\_

**PREVIOUS EXPERIENCE**

Please list beginning from most recent – Attach resume if more than two previous employers.

Dates Employed	Company Name	Location	Role/Title

**Job notes, tasks performed and reason for leaving:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dates Employed	Company Name	Location	Role/Title

**Job notes, tasks performed and reason for leaving:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# Employment Application

Board & Care for the Elderly

**Please list two references other than relatives or previous employers.**

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Company: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Years Known: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Company: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Years Known: \_\_\_\_\_

## APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Raya's Paradise, Inc. (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Raya's Paradise, Inc., or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and Raya's Paradise, Inc. may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of sixty (180) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

**Signature of applicant** \_\_\_\_\_ **Date:** \_\_\_\_\_

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our Company.