

## Liberty Ridge Senior Living Community

701 Liberty Ridge Lane, Lexington, KY 40509

### APPLICATION FOR EMPLOYMENT

Liberty Ridge is committed to providing a safe work environment and fostering the well being and health of its employees. That commitment is jeopardized when any employee illegally uses drugs or alcohol on the job, comes to work with these substances present in his/her body, or possesses, distributes, or sells drugs in the workplace. Therefore, Liberty Ridge is a Drug and Alcohol Free Workplace with zero tolerance for such use or possession.

ALL INFORMATION WITH AN ASTERISK (\*) IS REQUIRED

Date of Application:

First Name:\*

Last Name:\*

Address:

City:\*

State:\*

Zip Code:\*

Telephone Number(s)\*

Date available for employment:

E-mail

Position Applied for:

Full-time:

Part-time:

Are you currently legally authorized to work in the United States?\*

Yes

No

## EDUCATION

Name and Location of High School

Years Attended:

Years Completed:

Did you graduate?

Yes

No

Diploma

GED

Name and Location of College or Trade School

Years Attended:

Years Completed:

Course of Study:

Diploma or Degree:

Yes

No

Degree Type:

Name and Location of College or Trade School

Years Attended:

Years Completed:

Course of Study:

Diploma or Degree:

Yes

No

Degree Type:

## EMPLOYMENT HISTORY/EXPERIENCE

List your current or most recent employer

Employer:

Month/Year Employed:

Work Performed:

Employer Address:

Month/Year Terminated:

Telephone Number:

Starting Hourly Rate/Salary:

Ending Hourly Rate/Salary

Job Title:

Supervisor:

Reason for Leaving

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Employer:

Month/Year Employed:

Work Performed:

Employer Address:

Month/Year Terminated:

Telephone Number:

Starting Hourly Rate/Salary:

Ending Hourly Rate/Salary

Job Title:

Supervisor:

Reason for Leaving

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Employer:

Month/Year Employed:

Work Performed:

Employer Address:

Month/Year Terminated:

Telephone Number:

Starting Hourly Rate/Salary:

Ending Hourly Rate/Salary

Job Title:

Supervisor:

Reason for Leaving

## CONSUMER AUTHORIZATION

I. I understand that an investigative report may be generated on me that may include information as to my character, work habits, performance and experience, along with reasons for termination of past employment/professional license or credentials; or criminal/civil/driving record history. I fully give my consent to and understand that you, Liberty Ridge Senior Living, may be requesting information from public and private sources about any of the information noted earlier in this paragraph.

II. IF APPLICABLE, Medical and worker's compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act (FCRA, Public Law 91-508, Title VI) which was revised effective September 30, 1997, I am entitled to know if the considerations for which I am applying are denied because of information obtained from a consumer reporting agency. If so, I will be notified and be given the name of the agency providing that report.

III. I acknowledge that a telephonic facsimile (FAX) or photographic copy of this release shall be as valid as the original. This release is valid for most federal, state and county agencies including the Minnesota Department of Labor.

IV. I authorize that motor vehicle record checks may be performed in accordance with DOT regulations for as long as I am employed with the Company

V. Minnesota/California applicants only. If you want a copy of the report ordered, Check this box

The report will be sent by the consumer reporting agency to you at the address listed below your signature.

VI. I hereby authorize, without reservation, any financial institution, law enforcement agency, information service bureau, school, employer or insurance company contacted by General Information Services, Inc. to furnish the information described in Section I.

## APPLICANT COMPLETE THE FOLLOWING

*For this type of employment state law requires a criminal record check as a condition of employment (KRS 216.793)*

The following information is required by law enforcement agencies and other entitles for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes.

Social Security Number:\*

Date of Birth:\*

Have you ever been convicted of a crime?\*

Yes

No

If yes, provide city and state of conviction and details of conviction:

## FAIR CREDIT REPORTING ACT NOTICE

In accordance with the Fair Credit Reporting Act (FCRA, Public Law 91-508, Title VI), revised effective September 30, 1997, this information may only be used to verify a statement(s) made by an individual in connection with legitimate business needs. The depth of information available varies from state to state. Status of updates are available on request. Although every effort has been made to assure accuracy, General Information Services, Inc. cannot act as guarantor of information accuracy or completeness. Final verification of an individuals identity and proper use of report contents are the user's responsibility. General Information Services, Inc.'s policy requires purchasers of these reports to have signed a Service Agreement. This assures General Information Services, Inc. that users are familiar with and will abide by their obligations, as stated in the FCRA, revised effective September 30, 1997, to the individuals named in these reports. If information contained in this report is responsible for the suspension or termination of an employee or the application process, have the applicant/employee contact General Information Services, Inc.

## References

Name: Address: Phone:

Name: Address: Phone:

Name: Address: Phone:

## APPLICANT'S STATEMENT

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In addition, I authorize a complete background check, including a credit check, a criminal history check, driver's record check, drug screen, and reference checks.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with Liberty Ridge Senior Living ("Employer") is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of Liberty Ridge Senior Living.

In the event of employment, I understand, also, that I am required to abide by all rules and regulations of the "Employer". I understand that false or misleading information given in my application or interview(s) may result in discharge.

I certify that answers given herein are true and complete to the best of my knowledge.

By typing in your signature here you are doing so as your signature. Signature:\*