



Senior Living Residence

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

Application for Employment

Liberty Ridge is committed to providing a safe work environment and to 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.

Date of application: ___/___/___

Worksite Location: _____

Form with fields for First Name, Middle Initial, Last Name, Address, City, State and Zip, Previous Address, City, State and Zip, Telephone Number(s), Daytime phone number, Evening phone number.

Date available for employment: ___/___/___

Position applied for: _____

Full-time: _____ Part-time: _____

Social Security Number: _____-_____-_____

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

Education

Table with 5 columns: Name and Location of School, Years Attended, Course of Study, Years Completed (Diploma or Degree). Rows include High School, College or Trade School, Graduate or Advanced Degree, Other (Specify).

Is there anything that would limit your ability to perform the essential functions of the job with or without reasonable accommodations ? Yes___ No___

Describe any specialized training, skills and extra-curricular activities _____

List any special job related training and dates trained, include use of computers, (i.e., IBM, MAC. etc.) and software packages used, (i.e., Lotus, WordPerfect, etc.)

Employment History/Experience

List your last four employers, (most recent one first)

Employer	Month/Year Employed	<u>Work Performed</u>
Address	Month/Year Terminated	
Telephone Number	Starting Hourly Rate/Salary	
Job Title Supervisor	Final Hourly/Rate/Salary	
Reason for Leaving		
Employer	Month/Year Employed	<u>Work Performed</u>
Address	Month/Year Terminated	
Telephone Number	Starting Hourly Rate/Salary	
Job Title Supervisor	Final Hourly/Rate/Salary	
Reason for Leaving		
Employer	Month/Year Employed	<u>Work Performed</u>
Address	Month/Year Terminated	
Telephone Number	Starting Hourly Rate/Salary	
Job Title Supervisor	Final Hourly Rate/Salary	
Reason for Leaving		
Employer	Month/Year Employed	<u>Work Performed</u>
Address	Month/Year Terminated	
Telephone Number	Starting Hourly Rate/Salary	
Job Title Supervisor	Final Hourly Rate/Salary	
Reason for Leaving		

If you need additional space, please continue on a separate sheet of paper.

<p>List professional, trade, business or civic activities and offices held. You may exclude any membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:</p>

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, Servant HR, 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, and 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 our designated background firm to furnish the information described in Section I.

APPLICANT COMPLETES THE FOLLOWING:

Signature _____
Today's Date

Please print full name

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.

Please print other names you have used _____
Social Security Number Date of Birth

Home Address _____
City State Zip

Driver's License Number and State _____
Name as it appears on License

Have you ever been convicted of a crime? No Yes If yes, please 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 is available on request. Although every effort has been made to assure accuracy, our designated background firm cannot act as guarantor of information accuracy or completeness. Final verification of an individual's identity and proper use of report contents are the user's responsibility. Our designated background firm's policy requires purchasers of these reports to have signed a Service Agreement. This assures that our designated background firm 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 our designated background firm.

LIBERTY RIDGE

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References

1. _____
Name Address Phone

2. _____
Name Address Phone

3. _____
Name Address Phone

Applicant's Statement

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

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 Servant HR ("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 Servant HR.

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

Signature of Applicant

Date