

Application For Employment



We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
How Did You Learn About Us?	
<input type="checkbox"/> Newspaper Advertisement	<input type="checkbox"/> Trade Newspaper/Magazines
<input type="checkbox"/> College Placement Dept.	<input type="checkbox"/> Association Newsletter
<input type="checkbox"/> College Bulletin Boards	<input type="checkbox"/> Company Newsletter
<input type="checkbox"/> Internet-on-line	<input type="checkbox"/> Word-of-mouth
<input type="checkbox"/> Other _____	

Last Name	First Name	Middle Name
Address	City	State
Telephone Number(s)	Zip Code	Social Security Number

Have you ever filed an application with us before? Yes No
 If Yes, give date _____

Have you ever been employed with us before? Yes No
 If Yes, give date _____

May we contact your present employer? Yes No

On what date would you be available for work? _____

Check the times you are available to work: Full Time Part Time Shift Work Temporary

Can you travel if a job requires it? Yes No

Why do you want to work at Bridges Senior Living: _____

It is the policy of this Community to hire only those who are authorized to work in the United States. Any offer of employment, if made, will be conditional upon your immediate production of documentation to prove your eligibility status under the IMMIGRATION REFORM AND CONTROL ACT of 1986.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Education

	High School					Trade School				College/University				Additional Schooling			
School Name and Location																	
Years Completed	8	9	10	11	12	1	2	3	4	1	2	3	4	1	2	3	4
Diploma / Degree																	
Describe Course of Study																	
Describe any specialized training, apprenticeship, skills and extra-curricular activities																	
Describe any honors you have received																	
State any additional information you feel may be helpful to us in considering your application																	
Indicate any foreign languages you can speak, read and/or write																	
FLUENT						GOOD						FAIR					
SPEAK																	
READ																	
WRITE																	

List professional, trade, business or civic activities and offices held.
You may exclude memberships which reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status.

References

Give name, address and telephone number of three references who are not related to you and are not previous employers.

1. _____
2. _____
3. _____

Have you ever had any job related training in the United States military? Yes No

If Yes, please describe: _____

Are you capable of performing the essential functions of this position with or without reasonable accommodations? Yes No

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

1.

Employer		Work Performed	Length of Service			
Address			From		To	
Telephone Number(s)			Mo.	Yr.	Mo.	Yr.
Job Title		Supervisor	Hourly Rate / Salary			
Reason for Leaving			Starting		Final	

2.

Employer		Work Performed	Length of Service			
Address			From		To	
Telephone Number(s)			Mo.	Yr.	Mo.	Yr.
Job Title		Supervisor	Hourly Rate / Salary			
Reason for Leaving			Starting		Final	

3.

Employer		Work Performed	Length of Service			
Address			From		To	
Telephone Number(s)			Mo.	Yr.	Mo.	Yr.
Job Title		Supervisor	Hourly Rate / Salary			
Reason for Leaving			Starting		Final	

4.

Employer		Work Performed	Length of Service			
Address			From		To	
Telephone Number(s)			Mo.	Yr.	Mo.	Yr.
Job Title		Supervisor	Hourly Rate / Salary			
Reason for Leaving		If you need additional space, please ask for another sheet of paper.				

If you have been unemployed at any time since leaving school, please indicate what you were doing during this time:

Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience. _____

Authorization for Release of Employment Information

If you have been unemployed at any time since leaving school, please indicate what you were doing during this time:

I hereby authorize the following companies to release all information to the Community. I also understand that this authorization is valid for 60 days.

1. _____ 2. _____
3. _____ 4. _____

I waive any liability to the Companies listed above, and its employees, from any claims of action for disclosure of information that could adversely affect any new employment opportunity.

Applicant's Statement

I understand that nothing contained in this application, or in the granting of an interview, creates an offer of employment. I further understand that if I am offered employment, my employment may be subject to a job-related medical screening examination. If I am granted employment, I agree to conform to the rules and regulations of the Community, my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the Community or me. I understand that no supervisor or representative of the Community, other than the Manager, has the authority to make any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. The policies, procedures and statements contained on this application do not imply, create, or constitute an employment contract. I hereby state that the information on this and all other employment forms is true to the best of my knowledge and belief. I understand that any misstatement of facts will subject me to non-hire and/or termination of employment.

Note: Unless renewed, all applications become inactive in 60 days.

Signature of Applicant

Date