

APPLICATION FOR EMPLOYMENT

Ashley Manor, LLC. PO Box 1176 Meridian, Idaho 83680-1176
Phone: 1-888-376-7298 Fax: 1-888-377-8318

Today's Date _____

Use Ink to complete all blanks

PERSONAL INFORMATION

Name (please print) _____
Last Name First Name Middle Social Security #

Mailing address _____
Street City State Zip Phone #

Have you ever worked for our company or any of your job references under a different name? ___yes ___no If yes, list _____
Referred by ___Newspaper / Advertisement ___Individual _____ ___Employment Agency ___Other _____
Birthdate if under age 18 _____ Languages applicant reads, speaks, or writes fluently _____

PERSONS TO BE NOTIFIED IN CASE OF ACCIDENT OR EMERGENCY

Name _____ Address _____ phone (home) _____ phone (work) _____

Name _____ Address _____ phone (home) _____ phone (work) _____

POSITION APPLIED FOR

Are you employed now? ___yes ___no Are you applying for ___F/T ___P/T ___Temporary

If hired, do you have a reliable means of Transportation? ___yes ___no What shift(s) will you Work? ___Days ___Evenings ___Nights

Do you have problems lifting 25 pounds? ___yes ___no Date available to start Work? _____

If yes, please explain why? _____

Hours Available	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.	Total Hours
From								
To								

LIST MOST RECENT WORK

Dates From To	Name & Phone Number Employer	Rate of Pay	Supervisors Name & Title	Reason for Leaving

List Job duties, titles you have performed

EDUCATION		
High School (Name and City/State)	Grade Completed	Graduated?
	9 10 11 12	___Diploma ___GED ___No
	9 10 11 12	___Diploma ___GED ___No
College or Specialized Training (City/State)	Major	Degree
		___Diploma ___Certificate ___License
		___Diploma ___Certificate ___License
Medication, 1 st Aid, CPR, Fire Safety?	Date Received?	Expiration Date?

CONVICTION RECORD

Have you ever been convicted of or pleaded *nolo contendere* to a misdemeanor or felony? Yes No If yes, describe

Note: A convict on record may, but will not necessarily, be a bar to employment.

PERSONAL REFERENCES *(Not former employers or relatives)*

Name	Title	Phone No. (Area Code)
		()
		()
		()

OTHER SPECIAL SKILLS, QUALIFICATIONS,
List other specific skills you have to offer for this job opening

AUTHORIZATION TO WORK STATEMENT

If hired, federal law requires that you furnish documentation showing your identity and that you are legally authorized to work in the United States. You'll need to bring with you your drivers' license and your Original Social Security Number card or Original Birth Certificate. If you do not have any of these, you will need to talk to the manager or person doing the hiring to see what can be used as a substitute.

TERMS OF EMPLOYMENT

I UNDERSTAND THAT NO EMPLOYMENT CONTRACT IS INTENDED OR CREATED BY STATEMENTS MADE DURING THE HIRING PROCESS. IT IS UNDERSTOOD THAT THIS EMPLOYMENT RELATINOSHIP MAY BE TERMINATED AT ANY TIME WITH OR WITHOUT REASON BY EITHER EMPLOYER OR EMPLOYEE.

I CERTIFY THAT INFORMATION CONTAINED IN THIS APPLICATION AND RELATED DOCUMENTS IS CORRECT TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT ANY FALSIFICATION, MISREPRESENTATION OR OMISSION ON THIS APPLICATION IS GROUNDS FOR REFUSAL TO HIRE OR IF HIRED, DISMISSAL. TO DETERMINE MY QUALIFICATIONS, I AUTHORIZE THE COMPANY TO CONDUCT AN INVESTIGATION OF MY APPLICATION, AND I RELEASE AND HOLD THE COMPANY HARMLESS FROM ANY LIABILITY FOR CONDUCTING THE INVESTIGATION. I AUTHORIZE ALL MY FORMER EMPLOYERS, EDUCATION INSTITUTIONS, AND OTHER THIRD PARTIES TO RELEASE ALL INFORMATION ABOUT ME TO THE COMPANY, AND I RELEASE AND HOLD THEM HARMLESS FROM ANY LIABILITY FOR PROVIDING SUCH INFORMATION.

I UNDERSTAND THAT I AM RESPONSIBLE FOR PAYING ANY AND ALL FEES FOR C.P.R. MEDICATION CERTIFICATION, BACKGROUND CHECK, FINGERPRINTING, FIRST AID CERTIFICATION, AND FIRE SAFETY CERTIFICATION. IF ASHLEY MANOR CARE CENTERS, LLC ADVANCE PAYMENT FOR THESE REQUIREMENTS, I AGREE TO HAVE THE FEES FOR THE REQUIREMENTS DEDUCTED FROM MY FIRST PAYCHECK.

I UNDERSTAND THAT WHILE I AM EMPLOYED BY ASHLEY MANOR OR UPON TERMINATION, I WILL NOT OFFER ANY ASHLEY MANOR RESIDENT PRIVATE CARE FOR NINETY (90) DAYS FOLLOWING MY TERMINATION DATE. A BREACH OF THIS POLICY MAKES ME LEGALLY LIABLE FOR RESTITUTION TO ASHLEY MANOR CARE CENTERS, LLC.

_____ Date

_____ Signature

ADMINISTRATIVE USE ONLY

Interviewed by: _____

Date: _____

Interviewed by: _____

Date: _____

Recommended to hire by: _____

Date: _____