



AFFINITY RESIDENTIAL CARE LLC

APPLICATION FOR EMPLOYMENT

Affinity Residential Care does not discriminate in hiring or employment on the basis of race, color, religion, national origin, age, sex, disability, sexual orientation, Vietnam era military service, or any other basis on which discrimination is prohibited by federal, state, or local laws. No question on this application is intended to secure information to be used for such discrimination.

PERSONAL INFORMATION

NAME (LAST NAME FIRST)			
ADDRESS	CITY	STATE	ZIP CODE
PHONE NO.:	EMAIL:		
CELL PHONE:	ARE YOU 18 YEARS OF AGE OR OLDER? <input type="checkbox"/> Yes <input type="checkbox"/> No		

EMPLOYMENT QUESTIONS

POSITION DESIRED	DATE AVAILABLE TO WORK	SALARY DESIRED
ARE YOU EMPLOYED? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No	
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> Yes <input type="checkbox"/> No	WHERE?	WHEN?
ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		
REFERRED BY:	Temporary Agency <input type="checkbox"/>	Advertisement <input type="checkbox"/> Other <input type="checkbox"/>
Employee (name) _____		

EDUCATION

NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL			
OTHER			

LIST ANY LICENSES, AWARDS, CERTIFICATIONS, OR REGISTRATIONS PERTINENT TO YOUR APPLICATION.



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EMPLOYMENT HISTORY (Attach a resume or separate sheet to list additional employment.)

(LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE (MONTH/YEAR)	NAME, ADDRESS, AND PHONE NUMBER OF EMPLOYER	POSITION	SUPERVISOR'S NAME	SALARY	REASON FOR LEAVING
FROM					
TO					
FROM					
TO					
FROM					
TO					
FROM					
TO					

REFERENCES (PLEASE SIGN REFERENCE CHECKING FORM FOR EACH REFERENCE.)

NAME	RELATIONSHIP AND TITLE	COMPANY NAME AND ADDRESS	TELEPHONE NUMBER
1.			
2.			
3.			

ADDITIONAL INFORMATION

Please list any other job-related information you think would be helpful to us in considering you for the position, such as any additional work experience, volunteer activities, hobbies, social activities, clubs or professional organizations (list offices held), publications, accomplishments, etc. (Exclude information indicative of race, color, religion, sex, age, marital status, national origin, disability, or veteran status.)

Availability to Work

Monday: _____ to _____ AM / PM Friday: _____ to _____ AM / PM
 Tuesday: _____ to _____ AM / PM Saturday: _____ to _____ AM / PM
 Wednesday: _____ to _____ AM / PM Sunday: _____ to _____ AM / PM
 Thursday: _____ to _____ AM / PM _____

SIGNATURE AND AUTHORIZATION

Acceptance of this application affords no assurance of eventual employment. If employed, you will be required to verify your ability to legally accept employment in the United States. For certain jobs, background investigations, to include contacting former employers, may be required. This application does not constitute a contract of employment. Employment and compensation can be terminated with or without notice, and with or without cause, at any time.

I have read the foregoing instructions and questions and to the best of my knowledge, my answers are true and correct. I have not knowingly misrepresented or withheld any fact or circumstance that would, if disclosed, affect my application unfavorably. I understand that misrepresentation of any of the above may be cause for termination.

Signature of Applicant

Date



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