DATE:_____

APPLICATION FOR EMPLOYMENT

Company: _____

Hereafter "THE COMPANY"

Pre-Employment Questionnaire
An Equal Opportunity Employer

Revised: 07/01/2025

IMPORTANT: This application will be given every consideration, but its receipt does not imply that the applicant will be hired. Must be completed even if attaching personal resume. **Information provided will be verified.**

PERSONAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE INITIAL	SOCIAL SECURITY NUMBER

PRESENT ADDRESS	CITY	STATE	ZIP

EMAIL ADDRESS	CELL PHONE	ALTERNATE PHONE

HOME PHONE	ARE YOU 21 YEARS OLD OR OLDER? ☐ YES ☐ NO	HAVE YOU EVER TESTED POSITIVE FOR TUBERCULOSIS? ☐ YES ☐ NO	LEGALLY AUTHORIZED TO WORK IN THE US ☐ YES ☐ NO

WORK REQUIREMENTS

POSITION(S) APPLIED FOR	DATE AVAILABLE	SALARY DESIRED

TYPE OF EMPLOYMENT DESIRED PART-TIME ☐ FULL-TIME ☐	HOURS/DAYS AVAILABLE FOR WORK	IF REQUIRED, WOULD YOU BE WILLING TO WORK: ☐ SHIFT WORK ☐ HOLIDAYS ☐ OVERTIME ☐ WEEKENDS

HAVE YOU EVER APPLIED TO THE COMPANY BEFORE? ☐ YES ☐ NO IF 'YES' WHEN?	HOW WERE YOU REFERRED TO THE COMPANY?

EDUCATION

SCHOOL LEVEL	NAME AND CITY/STATE	COURSE OF STUDY	DIPLOMA/DEGREE	
HIGH SCHOOL			LAST GRADE COMPLETED	
COLLEGE			DEGREE	DATES ATTENDED
GRADUATE/ PROFESSIONAL			DEGREE	DATES ATTENDED
OTHER (SPECIFY)			CERTIFICATE	DATES ATTENDED

MILITARY SERVICE

BRANCH	DATES	RANK UPON ENTRY	RANK UPON SEPARATION

APPLICABLE TRAINING/DUTIES

MISCELLANEOUS

1. HAVE YOU EVER BEEN REFUSED BOND? ☐ YES ☐ NO IF YES, GIVE DETAILS :_____

2. HAVE YOU EVER BEEN CONVICTED OF A FELONY IN ANY STATE? ☐ YES ☐ NO
   IF YES, PLEASE EXPLAIN:
   (Conviction will not necessarily disqualify an applicant from employment.

3. DO YOU HAVE ANY RELATIVES EMPLOYED AT THE COMPANY, NOW OR IN THE PAST? ☐ YES ☐ NO
   IF YES, NAME: HOW RELATED?

4. DO YOU EXPECT TO WORK ELSEWHERE (FULL OR PT TIME) IF EMPLOYED BY THE COMPANY? ☐ YES ☐ NO
   IF YES, PLEASE EXPLAIN:_____

5. HAVE YOU EVERY BEEN EMPLOYED BY COUNTRYWOOD MANOR ASSISTED LIVING, OAKTREE MANOR ASSISTED LIVING, CREEKSIDE MANOR ASSISTED LIVING, CHRISTOPHERS MANOR ASSISTED LIVING OR CHURCH STREET MANOR ASSISTED LIVING OR THE COMPANY? ☐ YES ☐ NO
   IF YES WHICH:_____ WHEN:_____

EMPLOYMENT HISTORY - Please Explain all GAPS in Employment

Please begin with present or most recent employer, and account for all periods of employment including summer, voluntary, and/or part-time. (**Start with MOST RECENT Employer)**

NAME OF **PRESENT OR LAST** EMPLOYER				
ADDRESS		CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE		
STARTING SALARY	FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? YES / NO		
NAME OF SUPERVISOR		TITLE	PHONE ( ) -	
DESCRIPTION OF WORK				
REASON FOR LEAVING				

NAME OF PREVIOUS EMPLOYER				
ADDRESS		CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE		
STARTING SALARY	FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? YES / NO		
NAME OF SUPERVISOR		TITLE	PHONE ( ) -	
DESCRIPTION OF WORK				
REASON FOR LEAVING				

NAME OF PREVIOUS EMPLOYER				
ADDRESS		CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE		
STARTING SALARY	FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? YES / NO		
NAME OF SUPERVISOR		TITLE	PHONE ( ) -	
DESCRIPTION OF WORK				
REASON FOR LEAVING				

NAME OF PREVIOUS EMPLOYER				
ADDRESS		CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE		
STARTING SALARY	FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? YES / NO		
NAME OF SUPERVISOR		TITLE	PHONE ( ) -	
DESCRIPTION OF WORK				
REASON FOR LEAVING				

WORK RELATED PROFESSIONAL REFERENCES (NO FAMILY OR FRIENDS)

NAME	RELATIONSHIP (No Family or Friends)	TITLE	COMPANY	YEARS KNOWN	PHONE NUMBER

CERTIFICATION

Please read the following statements carefully before signing this application: I certify that all statements I have made on this application or on my resume or other supplementary materials are true and correct. I hereby authorize THE COMPANY to investigate the accuracy of this information from any person or organization, and I release THE COMPANY and all persons and organizations from all claims or liabilities of any nature arising from such investigations or the supplying of information for such investigations. I acknowledge that any false statement or misrepresentation on this application or supplementary materials will be cause for refusal to hire or for immediate dismissal at any time during the period of my employment.

I agree that if I accept employment with THE COMPANY, I will regard and preserve as confidential, and will not divulge to unauthorized persons, or use for unauthorized purposes, either during or after the term of my employment, any information of a secret, confidential, or private nature connected with the business of THE COMPANY, without the written consent of an officer of THE COMPANY.

I am in agreement with THE COMPANY's policy of equal opportunity in all phases of employment without regard to race, color, religion, national origin, sex, age, veteran's status, marital status, or physical or mental handicaps which have no bearing on an individual's ability to perform the work to which assigned.

I understand and agree that any employment relationship which I enter into with THE COMPANY is for no definite period and may, regardless of the date or interval of payment of my wages or salary, be terminated at any time without any previous notice or obligation on the part of the employee or of THE COMPANY, with or without cause.

If hired. I will be required to submit proof of U.S. citizenship, or authorization to work in the U.S. within three days of starting work. I may also be asked to furnish proof of highest educational attainment.

I have read and understand the foregoing statement and accept the same as conditions of employment.

_____ _____

APPLICANT'S SIGNATURE DATE

NOTICE OF DRUG SCREENING

I, _____, do hereby freely and voluntarily agree to submit to a urinalysis sample (drug screen) as part of my application for employment. I also agree to random drug testing at any time in the future during my employment with THE COMPANY. There will also be drug testing upon any accident that occurs at the facility.

I understand that if I refuse to consent to the testing, if I consent and the confirmed test is positive, or if any subsequent random test is positive THE COMPANY will no longer consider my application for employment or will terminate my employment immediately. I expressly release THE COMPANY, its parent, subsidiaries, affiliates, directors, officers, owners, agents, and employees from liability arising from any conduct, other than negligence, related to the drug test to which I have consented.

I have read and understand the above statements and conditions of employment.

_____ _____

APPLICANT'S SIGNATURE DATE