Lavender Hills Assisted Living
Employment Application

Name: Date:

First M.I. Last

Address:

Street City State ZIP

Contact: ( ) - ( )

Home Phone Mobile Phone Email

In Case Of An Emergency Notify: ( )

License # Or ID #/Issuing State: Social Security #: _ _ _ - _ _ - _ _ _ _

If Hired can you provide evidence that you authorized and of legal age to work in the United States? Yes ☐ No ☐

Currently Employed: Yes ☐ No ☐ Date Available:

Will You Work Overtime: Yes ☐ No ☐ Position Desired:

Previous Employment

1.Company: Job Title: Phone:

Address Dates of Employment:

2.Company: Job Title: Phone:

Address Dates of Employment:

3.Company: Job Title: Phone:

Address Dates of Employment:

4.Company: Job Title: Phone:

Address Dates of Employment:

5.Company: Job Title: Phone:

Address Dates of Employment:

Education

Circle Highest Grade Completed

High School	1 2 3 4	School Name, Address, City and State:
College	1 2 3 4	School Name, Address, City and State:
Graduate School	1 2 3 4	School Name, Address, City and State:

Military Status

Have you Served in the U.S. Armed Forces? Yes ☐ No ☐		
Branch:	Start Date:	End Date:
Rank/Rate at Discharge:	Draft Status:	Type of Service:

Work References

Name:	Occupation:	Phone:
Name:	Occupation:	Phone:
Name:	Occupation:	Phone:

Were you referred by a current employee? If so whom

Applicant Statement

(Read and Sign Below)

I certify that this employment application was completed by me and that all of the information on this application is true and correct to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of facts called for herein will result in my disqualification from further consideration, or dismissal upon employment if I am hired. I have reviewed the authorization for Criminal Records Verification and Fingerprint Information and acknowledge that I understand the terms set forth therein. I understand that this employment application is not valid without my signature.

Print Name:
Signature: