



# Application For Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Please print and fill in completely

Position(s) Applied For	Date of Application
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How did you learn about us?

<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative	<input type="checkbox"/> Inquiry
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend	<input type="checkbox"/> Other ( _____ )

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

Alternate / Emergency Contact (Include Phone Number):

\_\_\_\_\_

If you are under 18 years of age, can you provide proof of your eligibility to work?  Yes  No

Have you ever applied with us before?  Yes  No If yes, give date: \_\_\_\_\_

Have you been employed here before?  Yes  No If yes, give date: \_\_\_\_\_

Are you related to anyone employed at this facility?  Yes  No If yes, give name and relationship: \_\_\_\_\_

Are you currently employed?  Yes  No

May we contact your present employer?  Yes  No

**Proof of citizenship or immigration status will be required upon employment.** Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  Yes  No

Date available to work \_\_\_\_/\_\_\_\_/\_\_\_\_ What is your desired salary range? \_\_\_\_\_

Time available for work:  Full-time (please indicate 1<sup>st</sup>, 2<sup>nd</sup>, or 3<sup>rd</sup> shift)  
 Part-time (morning, afternoon, or evening)  
 PRN (please indicate dates available \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_)

Do you have a valid driver's license?  Yes  No

Can you travel if a job requires it?  Yes  No

Have you been convicted of a crime?  Yes  No  
 When? \_\_\_\_\_

How many convictions do you have? \_\_\_\_\_

Any rehabilitation? \_\_\_\_\_

A criminal record does not constitute an automatic bar to employment and will be treated only as it relates to the job in question.

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**



# Employment Experience

MUST be completed even if submitted on a resume.

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

<b>Employer 1</b>	<b>Dates</b>		<b>Work Performed</b>
	<b>From</b>	<b>To</b>	
Address			
Telephone Number(s)	<b>Pay Rate/Salary</b>		
	<b>Start</b>	<b>Final</b>	
Title	Supervisor		
Reason for Leaving			
<b>Employer 2</b>	<b>Dates</b>		<b>Work Performed</b>
	<b>From</b>	<b>To</b>	
Address			
Telephone Number(s)	<b>Pay Rate/Salary</b>		
	<b>Start</b>	<b>Final</b>	
Title	Supervisor		
Reason for Leaving			
<b>Employer 3</b>	<b>Dates</b>		<b>Work Performed</b>
	<b>From</b>	<b>To</b>	
Address			
Telephone Number(s)	<b>Pay Rate/Salary</b>		
	<b>Start</b>	<b>Final</b>	
Title	Supervisor		
Reason for Leaving			
<b>Employer 4</b>	<b>Dates</b>		<b>Work Performed</b>
	<b>From</b>	<b>To</b>	
Address			
Telephone Number(s)	<b>Pay Rate/Salary</b>		
	<b>Start</b>	<b>Final</b>	
Title	Supervisor		
Reason for Leaving			

*Please continue on a separate sheet of paper should you need additional space.*

# References

List three references who are not relatives or former employers.

1.	( )
Name	Phone
Address (include street, city, state, and zip code)	
2.	( )
Name	Phone
Address (include street, city, state, and zip code)	
3.	( )
Name	Phone
Address (include street, city, state, and zip code)	

I certify the answers given herein are true and complete.

I understand that consideration for employment is conditional upon the results of a reference check. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment may be considered active for a period of time 6 months. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at this time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with Summerhill Senior Living CommunityS is of an “*at will*” nature, which means that the employee may resign at any time and Summerhill Senior Living Community may discharge employee at any time with or without cause. It is further understood this “*at will*” employment relationship may not be changed by any written document or by conduct unless an authorized executive of Summerhill Senior Living Community specifically acknowledges such change in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, I am required to abide by all rules and regulations of Summerhill Senior Living Community.

Also, as a condition of employment, the following may be completed prior to employment:

Criminal History Record	PPD/TB Test	Drug Screen
Employee Medical Questionnaire	Physical	

\_\_\_\_\_

*Signature of Applicant*

\_\_\_\_\_

*Date*



Post Office Box 757, Blairsville GA 30514  
Tel: 706-781-3554 Fax: 706-781-3907/3808  
Email: [infoondemand@alltel.net](mailto:infoondemand@alltel.net)

## Summerhill Consent Form

**Telephone Number: 478-987-3100**

**Return Search to: Human Resources**

### EMPLOYEE APPLICANT BACKGROUND CHECK AUTHORIZATION/ORDER FORM

The undersigned (i) confirms that it has authorized the above named Client to obtain a background check for employment purposes including, without limitation, criminal background check on the undersigned, and (ii) authorizes **Information on Demand, Inc.**, or any of its agents, to provide, orally or in writing, the results of a background check, including a criminal background check, to the above-named Client or its representatives. This authorization is a continuing authorization for the Client to obtain background checks on the undersigned during the term of the undersigned's employment with Client.

**THE UNDERSIGNED RELEASES AND HOLDS HARMLESS INFORMATION ON DEMAND, INC. AND ITS AGENTS AND REPRESENTATIVES, AND ALL ENTITIES AND INDIVIDUALS INVOLVED IN REPORTING INFORMATION ABOUT THE UNDERSIGNED, FROM ANY AND ALL CLAIMS BY, OR LIABILITY TO, THE UNDERSIGNED THAT MAY RESULT FROM, ARISE OUT OF, OR IN CONNECTION WITH THE CHECK.**

#### **EMPLOYEE APPLICANT INFORMATION – COMPLETED BY APPLICANT**

**PRINT HERE:**

First Name	Middle Name	Last Name
Sex	Race	Date of Birth
		Social Security Number

Complete Street Address, City, State, and Zip Code

Employee Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Client Certifies the following:

1. The Background Report is being ordered from IOD for use by Client employment purposes.
2. Information from the Background Reports will not be used in violation of and Federal or state equal opportunity employment law or regulation.
3. Client has provided to the subject of the Background Report a clear and conspicuous written disclosure, in a document that consists solely of the disclosure, that a consumer report may be obtained on the subject for employment purposes, and the subject has provided written authorization (which may be on the same document) of Client's procurement of the report.
4. Before taking adverse action again the subject of the Background Report, based in whole or in part on the Background Report, Client will provide that subject a copy of the report and a copy of the FTC's Summary of Consumer Rights.

#### **BACKGROUND CHECK REPORT ORDER – COMPLETED BY CLIENT**

Criminal Trace (Enter One State in Parentheses Below) County Level Search: \_\_\_\_\_  
( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

Signature of Client Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Work in Elder Care     Work in Child Care     Work with Mentally Disabled

For Facility Use

\_\_\_ No Record On File

\_\_\_ Satisfactory for Employment

\_\_\_ Record is Attached

\_\_\_ Not Satisfactory for Employment

\_\_\_\_\_  
Administrator

\_\_\_\_\_  
Date