



# Employment Application

## Personal Information

Applicant name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

## Position Applying For

Job Title: \_\_\_\_\_

Type of employment desired: Full time: ☐ Part-time: ☐ Seasonal: ☐

Shift Preference: Days: ☐ Afternoons: ☐ Midnights: ☐ Any: ☐

Available start date: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_ per Hour ☐ per Year ☐

Are you able to meet the attendance requirements? ☐ Yes ☐ No

Are you willing to work overtime and weekends when/if required? ☐ Yes ☐ No

Can you submit proof of legal employment authorization and identity? ☐ Yes ☐ No

If you are under 18, can you furnish a work permit if it is required? ☐ Yes ☐ No

Have you ever been convicted of a crime in the last 7 years? ☐ Yes ☐ No

If yes, please explain (a conviction will not automatically bar employment): \_\_\_\_\_

Were you referred by a current employee? If so, who? \_\_\_\_\_

## Employment History

Please provide all employment information for your past four employers starting with the most recent.

Employer 1: \_\_\_\_\_ Position held: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Immediate supervisor: \_\_\_\_\_

Dates employed: From \_\_\_\_\_ To \_\_\_\_\_ May we contact this employer? ☐ Yes ☐ No

Reason for leaving: \_\_\_\_\_

Employer 2: \_\_\_\_\_ Position held: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Immediate supervisor: \_\_\_\_\_

Dates employed: From \_\_\_\_\_ To \_\_\_\_\_ May we contact this employer? ☐ Yes ☐ No

Reason for leaving: \_\_\_\_\_

Employer 3: \_\_\_\_\_ Position held: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Immediate supervisor: \_\_\_\_\_

Dates employed: From \_\_\_\_\_ To \_\_\_\_\_ May we contact this employer? ☐ Yes ☐ No

Reason for leaving: \_\_\_\_\_

Employer 4: \_\_\_\_\_ Position held: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Immediate supervisor: \_\_\_\_\_

Dates employed: From \_\_\_\_\_ To \_\_\_\_\_ May we contact this employer? ☐ Yes ☐ No

Reason for leaving: \_\_\_\_\_



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## Other Skills and Qualifications

Summarize any job-related training, skills, licenses, certifications, and/or other qualifications:

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## Educational History

High School: \_\_\_\_\_ Graduated? ☐ Yes ☐ No

College/University: \_\_\_\_\_ Degree: \_\_\_\_\_

Major: \_\_\_\_\_ Graduated? ☐ Yes ☐ No

Technical Training/Certifications: \_\_\_\_\_

## Professional References

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

## Applicant Certification and Authorization

I certify that all information provided in this application, and in any accompanying documents or interviews, is true, complete, and accurate to the best of my knowledge. I understand that any misrepresentation or omission may result in disqualification from further consideration or termination of employment if discovered at any time after hire.

I hereby authorize Evergreen Senior Living to contact and obtain information from my former employers, references, educational institutions, and other relevant sources to verify the accuracy of the information provided in this application. I release Evergreen Senior Living and its representatives from any liability for seeking, receiving, or using such information in connection with my employment application. I also release from liability all individuals and organizations who provide such information in good faith.

I understand that if I am offered employment, I will be required to provide documentation proving my identity and authorization to work in the United States in accordance with federal law. Failure to do so within three (3) business days of my start date will result in withdrawal of the offer or immediate termination.

I acknowledge that nothing in this application or the hiring process constitutes a contract of employment or a guarantee of employment for any specific duration. If hired, I understand that my employment will be at-will, and may be terminated by either party at any time, with or without cause or notice, subject only to applicable law.

Evergreen Senior Living is an equal opportunity employer. Employment decisions are made without regard to race, color, religion, sex, national origin, age, disability, genetic information, veteran status, or any other status protected by applicable federal or state law. The Company complies fully with the Americans with Disabilities Act (ADA) and will provide reasonable accommodations to qualified individuals with disabilities upon request.

By signing below, I acknowledge that I have read, understand, and agree to the terms of this Applicant Certification and Authorization.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_