



Please print this 4-page form. Complete the form by printing or typing.

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

# APPLICATION FOR EMPLOYMENT

## An Equal Opportunity Employer

We do not discriminate because of race, color, religion, sex, national origin, marital status, age, disability, veteran status, or other protective class characteristics

Please Print or Type

### PERSONAL

Name Last First Middle

Social Security Number

Address (Street, Apartment Number, City, State, Zip Code)

Telephone Number

Prior Address if above is less than 2 years

Driver's License # & State

Have you applied or worked for Arbor Acres before? [ ] Yes [ ] No If yes, give date \_\_\_\_\_

Have you been assigned to Arbor Acres through a temporary staffing service? [ ] Yes [ ] No If yes, provide the following information: Date \_\_\_\_\_ Name of staffing service \_\_\_\_\_

Are you legally eligible for employment in this country? [ ] Yes [ ] No (Proof of U.S. Citizenship or immigration status will be required upon employment.)

Are you related to anyone employed by Arbor Acres? [ ] Yes [ ] No If yes, give name, relationship, department:

Have you been convicted of, plead guilty or plead no contest to a misdemeanor or a felony? [ ] Yes [ ] No If yes, give specifics: \_\_\_\_\_

Have you ever been discharged or encouraged to resign from a job? [ ] Yes [ ] No If yes, give specifics: \_\_\_\_\_

### POSITION OBJECTIVE

For what position are you applying? \_\_\_\_\_

Date available for employment \_\_\_\_\_ Shift(s) available to work \_\_\_\_\_

List specific skills and qualifications you possess which may qualify you for this (these) position(s) \_\_\_\_\_

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**EMPLOYMENT RECORD**

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Give complete information regarding present and former employment beginning with the most recent. Please indicate type: Full Time, Part Time, Temporary, or Seasonal.

Are you presently employed?  Yes  No

May we contact your present employer?  Yes  No

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Product or Service

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Supervisor's Name/Title

\_\_\_\_\_  
Dates Employed: Mo\_\_\_\_ Yr\_\_\_\_ to Mo\_\_\_\_ Yr\_\_\_\_

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

Base Salary or Wage: Start\_\_\_\_\_

Current or Ending Salary\_\_\_\_\_

Nature of Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving or seeking change of position:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECOND LAST**

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Product or Service

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Supervisor's Name/Title

\_\_\_\_\_  
Dates Employed: Mo\_\_\_\_ Yr\_\_\_\_ to Mo\_\_\_\_ Yr\_\_\_\_

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

Base Salary or Wage: Start\_\_\_\_\_

Current or Ending Salary\_\_\_\_\_

Nature of Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving or seeking change of position:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



List any foreign languages(s) and check the boxes that best describe your skill level.

Language	Read & Write	Read & Speak	Read Only	Speak Only

List **special accomplishments** (scholastic honors, professional and business offices held, etc.) and any other additional information you would like us to consider. (Exclude information which would reveal gender, race, religion, national origin, age, disability or other protected status.)

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**REFERENCES**

Please list three

Name	Telephone Number	Years Known

**CERTIFICATION AND AUTHORIZATION**

I certify that the information provided on this form or on any other forms related to the application process are complete and true. I am willing to undergo a physical examination in the event that I receive a conditional offer of employment. I consent to and authorize such physician to report the results of my physical examination to the employer. I understand and agree that any misrepresentation of or omission from any information I supply in connection with this application, or any part of the application process may result in the rejection of my application for employment; the withdrawal of any conditional offer of employment, or my discharge after employment.

I understand that any offer of employment will be contingent upon my successfully passing a drug screen provided at the expense of Arbor Acres, at a laboratory designated by Arbor Acres. I fully and unconditionally consent to such drug screen and authorize the release of the results of such drug screen to Arbor Acres. I understand that the results of such drug screen will be used by Arbor Acres in consideration of my employment application, and may be used by Arbor Acres to refuse to offer me employment or to withdraw any offer of employment previously made.

I certify that my interest in employment by Arbor Acres is genuine and that all statements contained in this application, including all attachments, any statements made during my interviews, are complete and true.

I authorize the investigation of all statements contained in this application or in any other documents which I complete during the application process, and authorize the references listed in this application to give any information concerning my previous education and employment, and other matters related to my employment. I release all parties from liability for any claims, demands, liabilities, or damages that may result from furnishing such information to you.

This application is valid for 90 days. Employment, if offered, is employment at will, which may be terminated at the option of either the employer or employee at any time.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

This application must be fully completed, signed and dated or you will not be considered an applicant.