

Please print or type. Read and answer all questions carefully and completely. You may attach your resume, however all sections of the application **MUST** be completed. **ONLY APPLICATIONS SIGNED AND DATED WILL BE CONSIDERED.** This application is valid for ninety (90) days from date signed. To reapply after ninety (90) days, you must submit a new application.

Name of Facility:		Date:	
Name (Last, First, Middle)		Social Security Number:	
Street Address:	City, State, Zip	Home Phone :	Message Phone:
Position(s) applied for (be specific):	Monthly/Hourly Salary desired:	Do you Prefer: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary	
		Shift Preferred:	
Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No	When will you be available to begin work?		
Have you ever applied for employment at Hawthorn Retirement Group (formerly XL Management) or any Hawthorn Managed Facilities? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Month:	Year:	Location:
Have you ever been employed by Hawthorn Retirement Group (formerly XL Management) or any Hawthorn Managed facility? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, give locations, dates of employment, last supervisory and reason for leaving:		
Do you have the legal right to be employed in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>(If offered a position, the Immigration Reform & Control Act of 1986 requires you to furnish proof of your employment authorization and your identity before you can begin work.)</i>		
How did you learn of our organization?	Do you have any commitments to another employer that might affect your employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you under 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, do you have a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>(Employment is subject to verification of minimum legal age and restrictions on work hours as required by state law.)</i>	
Are you able to perform the essential functions of the position(s) for which you have applied? <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, please explain.		
Have you ever been convicted or pled guilty of a felony? <i>(A Yes answer will not automatically disqualify you from being a candidate for employment.)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, list all and give dates, state and county where conviction or guilty pleas were entered:		

Education

Name(s) used on school records (if different from above):

Schools	Name and Location of School	Major	Degree or Highest Grade Completed
High School			
College (s)			
Graduate School			
Technical, Business or Other			

Now Attending: Undergraduate School Graduate School % Completed

Hawthorn Retirement Group is an Equal Opportunity Employer; all prospective employees will receive consideration without regard to race, sex, age, religion, national origin, sexual orientation, disability or other protected status/activity. Please advise if accommodations are necessary for you to complete this selection process.

Employment

Please give accurate, complete full-time and part-time employment record. List most recent position first. Do not omit any jobs.

Firm Name:	Name and Title of Immediate Supervisor:	Date of Employment (month/year) From: To:
Address:	City, State, Zip:	Telephone:
Position:	Weekly Pay:	Reason for Leaving:

Responsibilities:

Firm Name:	Name and Title of Immediate Supervisor:	Date of Employment (month/year) From: To:
Address:	City, State, Zip:	Telephone:
Position:	Weekly Pay:	Reason for Leaving:

Responsibilities:

Firm Name:	Name and Title of Immediate Supervisor:	Date of Employment (month/year) From: To:
Address:	City, State, Zip:	Telephone:
Position:	Weekly Pay:	Reason for Leaving:

Responsibilities:

If still employed, may we contact your present employer? Yes No

Other special training or skills (languages, machine operation, etc.)

References:

Please list three references who are familiar with your work performance.

Name	Address	Telephone

I authorize Hawthorn Retirement Group and their agents to conduct a thorough investigation of my past employment, education, and activities, agree to cooperate in such investigation, and release from all liability or responsibility all persons and corporations requesting or supplying such information.

I certify that the statements indicated herein are true and correct to the best of my knowledge and I understand that falsification or omission of any information could result in termination of my employment. The Application for Employment is not a contract and cannot create a contract. If employed by Hawthorn Retirement Group, I agree to abide by its rules and regulations. I understand that my employment would be "at-will" and could be terminated at any time by either party, with or without cause, and with or without notice. Further, this understanding superseded all previous verbal and written representation, there can be no change in this "at-will" relationship unless it is in writing, specifically address the "at-will" relationship, and is signed by the Regional Director, the Director of Human Resources, or the Chief Executive Officer.

Date: _____ Signature: _____