



# Employment Application

This application is active for six months

## Crescent City Senior Living Inc.

1445 Parkway Drive Crescent City, CA

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading information given during the interview or on this application are grounds for terminating the application process, or if discovered after employment terminating employment. Crescent City Senior Living Inc is an equal opportunity employer; all qualified applicants will receive consideration without discrimination because of sex, marital status, race, age (if at least 18), creed national origin, or disabilities. A felony conviction will not necessarily bar an applicant from employment. After an offer of employment and prior to reporting to work you may be required to submit to a medical review. You will be required to complete a medical history form and may be required to be examined by a medical professional designated by the company.

DATE OF APPLICATION: \_\_\_\_\_  
Have you submitted an application before? \_\_\_\_\_ Date: \_\_\_\_\_

Position(s) applied for: 1. \_\_\_\_\_ 2. \_\_\_\_\_

### Applicant Information

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ E-mail Address: \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security No.: \_\_\_\_-\_\_\_\_-\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

Have you ever worked for this company? YES  NO  If yes, when? \_\_\_\_\_

Have you ever been convicted of a misdemeanor or a felony? YES  NO   
(Conviction will not necessarily disqualify an applicant from employment)

If yes, explain: \_\_\_\_\_

Are you looking for  Full Time  Part Time  Temporary Are you available  Mornings  Evenings  NOC Shift

### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Years Completed **1 2 3 4**

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

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

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

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

### License(s), Registrations, Certifications

State: \_\_\_\_\_ REG. No. \_\_\_\_\_ EXPIRATION \_\_\_\_\_ DATE OF APP \_\_\_\_\_

### References

Please list three professional references:

Name	Position	Name of Business	Address	Phone Number

**Previous Employment**

Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference? YES NO

Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference? YES NO

Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference? YES NO

**Skills- Please list skills relevant to position for which you are applying**

\_\_\_\_\_  
\_\_\_\_\_

**Disclaimer and Signature**

As a condition of employment you will be required to produce original documents establishing your identity and authorization to work, and to complete the U.S. immigration and naturalization service form I-9.

**CERTIFICATION AND RELEASE-PLEASE READ CAREFULLY BEFORE SIGNING**

*I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions, or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorized the company and/or its agents, including consumer reporting bureaus, to verify any of this information including, but not limited to, criminal history and motor vehicle driving record. I authorize all persons, schools, companies, and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from my liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment, if company policy requires I am willing to submit to a drug test to detect the use of illegal drugs prior to and during employment.*

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

*Should I become an employee I agree to abide by the policies and procedures as set out by Crescent City Senior Living Inc. I hereby acknowledge that I have read and understand the above statements.*

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