Tribute Senior Living - Prosper

EMPLOYMENT APPLICATION

PLEASE PRINT OR TYPE

Today's Date: _____

_____ _____ _____ _____

First Name *MI* *Last Name* *Preferred Name/Nickname*

_____ _____ _____ _____

Street Address *City* *State* *Zip Code*

_____ _____ _____

Phone *Alternate/ Phone* *Email Address*

Social Security Number (SSN): _____

PLEASE PLACE A CHECK BY YOUR RESPONSE OR PROVIDE THE APPROPRIATE INFORMATION

Are you interested in: ☐ Full Time ☐ Part Time ☐ Temporary

What schedules would you prefer? ☐ Weekdays ☐ Weekends ☐ Evenings ☐ Nights

How did you hear about us? ☐ Walk In ☐ Referral Name: _____ ☐ Advertisement Where: _____ ☐ Other: _____

Have you worked for this company before? ☐ No ☐ Yes Dates: _____

Do you know anyone who works here? ☐ No ☐ Yes Name: _____

Desired Pay: Hourly Pay $ _____ Annual Pay $ _____ Minimum $ _____ Desired

When are you able to start work? Date: _____

In what Local area do you prefer to work? _____

Position desired: _____

Tribute Senior Living is an equal opportunity employer and does not discriminate against any applicant or employee because of race, color, religion, sex, national origin, disability, age, or military/veteran status in accordance with federal law. In addition, Tribute Senior Living complies with applicable state and local laws governing nondiscrimination in employment in every jurisdiction in which it maintains facilities Tribute Senior Living also provides reasonable accommodation to qualified individuals with disabilities in accordance with applicable laws.

PLEASE CHECK YES OR NO TO THE FOLLOWING:

Are you authorized to work in the United States? ☐ Yes ☐ No

Federal law requires that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with these laws, Tribute Senior Living will verify the status of every individual offered employment with the Company. In this connection, all offers of employment are subject to verification of the applicant's identity and employment authorization, and it will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization.

Are you under 18 years of age? ☐ Yes ☐ No

If yes, can you furnish a work permit? ☐ Yes ☐ No

Are you capable of performing the essential functions of the job for which you are applying for with or without reasonable accommodation? ☐ Yes ☐ No

If asked, are you willing to consent to a background check? ☐ Yes ☐ No

Have you ever been convicted of a felony? ☐ Yes ☐ No

*If yes, please explain: _____

_____

PLEASE LIST YOUR WORK EXPERIENCE BELOW (MOST RECENT JOB FIRST)

FROM _____ / _____ Month Year	COMPANY NAME			YOUR POSITION
TO _____ / _____ Month Year	NO. & STREET			SUPERVISOR'S NAME, POSITION
	CITY	STATE	ZIP CODE	SUPERVISOR'S TELEPHONE NUMBER
	TYPE OF BUSINESS			
	TELEPHONE NUMBER ( )	TERMINATION ☐ VOLUNTARY ☐ INVOLUNTARY		REASON
	BRIEFLY DESCRIBE YOUR MAJOR DUTIES			

F ROM _____ / _____ Month Year	COMPANY NAME	YOUR POSITION

TO _____ / _____ Month Year	NO. & STREET			SUPERVISOR'S NAME, POSITION
	CITY	STATE	ZIP CODE	SUPERVISOR'S TELEPHONE NUMBER
	TYPE OF BUSINESS			
	TELEPHONE NUMBER ( )	TERMINATION ☐ VOLUNTARY ☐ INVOLUNTARY		REASON
	BRIEFLY DESCRIBE YOUR MAJOR DUTIES			

FROM _____ / _____ Month Year	COMPANY NAME			YOUR POSITION
TO _____ / _____ Month Year	NO. & STREET			SUPERVISOR'S NAME and POSITION
	CITY	STATE	ZIP CODE	SUPERVISOR'S TELEPHONE NUMBER
	TYPE OF BUSINESS			
	TELEPHONE NUMBER ( )	TERMINATION ☐ VOLUNTARY ☐ INVOLUNTARY		REASON
	BRIEFLY DESCRIBE YOUR MAJOR DUTIES			

FROM _____ / _____ Month Year	COMPANY NAME			YOUR POSITION
TO _____ / _____ Month Year	NO. & STREET			SUPERVISOR'S NAME and POSITION
	CITY	STATE	ZIP CODE	SUPERVISOR'S TELEPHONE NUMBER
	TYPE OF BUSINESS			

	TELEPHONE NUMBER ( )	TERMINATION ☐ VOLUNTARY ☐ INVOLUNTARY	REASON
	BRIEFLY DESCRIBE YOUR MAJOR DUTIES		

EDUCATION:

NAME AND ADDRESS OF SCHOOL	MAJOR SUBJECT	DID YOU GRADUATE?	TYPE OF DEGREE OR DIPLOMA
HIGH SCHOOL OR PREP			
COLLEGE			
COLLEGE OR GRADUATE			
OTHER			

PROFESSIONAL DESIGNATIONS:

DESIGNATION	ORGANIZATION GRANTING DESIGNATION	DATE COMPLETED
DESIGNATION	ORGANIZATION GRANTING DESIGNATION	DATE COMPLETED

PROFESSIONAL LICENSES:

TYPE OF LICENSE	STATE GRANTING LICENSE	LICENSE NUMBER
TYPE OF LICENSE	STATE GRANTING LICENSE	LICENSE NUMBER

REFERENCES: Please list three professional references

NAME	RELATIONSHIP	COMPANY	PHONE/EMAIL

PLEASE READ CAREFULLY BEFORE SIGNING APPLICATION

I have submitted the attached form to the company for the purpose of obtaining employment. I acknowledge that the use of this form, and my filling it out, does not indicate that any positions are open, nor does it obligate the company to further process my application.

My signature below attests to the fact that the information that I have provided on my application, resume, given verbally, or provided in any other materials, is true and complete to the best of my knowledge and also constitutes authority to verify any and all information submitted on this application. I understand that any misrepresentation or omission of any fact in my application, resume or any other materials, or during any interviews, can be justification for refusal of employment, or, if employed, termination from the Company's employ.

I also affirm that I have not signed any kind of restrictive document creating any obligation to any former employer that would restrict my acceptance of employment with the Company in the position I am seeking.

I understand that this application is not an employment contract for any specific length of time between the Company and me, and that in the event I am hired, my employment will be "at will" and either the Company or I can terminate my employment with or without cause and with or without notice at any time. Nothing contained in any handbook, manual, policy and the like, distributed by the Company to its employees is intended to or can create an employment contract, an offer of employment or any obligation on the Company's part. The Company may, at its sole discretion, hold in abeyance or revoke, amend or modify, abridge or change any benefit, policy practice, condition or process affecting its employees.

References: I hereby authorize the company and its agents to make such investigations and inquiries into my employment and educational history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, and other persons from all liability in responding to inquires connected with my application and I specifically authorize the release of information by any schools, businesses, individuals, services or other entities listed by me in this form. Furthermore, I authorize the company and its agents to release any reference information to affiliates who request such information for purposes of evaluating my credentials and qualifications.

Temporary/Contract Employment: If employed as a temporary or contract employee, I understand that I may be an employee of the company and not of any client. If employed, I further understand that my employment is not guaranteed for any specific time and may be terminated at any time for any reason. I further understand that a contract will exist between the company and each client to whom I may be assigned which will require the client to pay a fee to the company in the event that I accept direct employment with the client, I agree to notify the company immediately should I be offered direct employment by a client (or by referral of the client to any subsidiary or affiliated company), either for a permanent, temporary (including assignments through another agency), or consulting positions during my assignment or after my assignment has ended.

SIGNED: _____ **DATE:** _____