

**LAV'M ADULT RESIDENCE
JOB APPLICATION**

LAV'M is an equal opportunity employer and complies with applicable federal and state laws prohibiting discrimination on the basis of race, color, religion, sex, national origin, age, handicap, disability, or status as a Vietnam-era or special disabled veteran.

Directions: Please complete the whole application to the best of your knowledge. *(print or type)*

DATE *(month/day/year)*: _____

POSITION SOUGHT: _____

How long do you plan to stay with this organization? *(check one)*

Full Time Part Time PRN Temporary Summer

Other: _____

SHIFT *(check all that apply)*: 1st 2nd 3rd Swing

PERSONAL INFORMATION

NAME: _____
First Middle Last

SOCIAL SECURITY NUMBER: _____

PHONE NUMBER: (____) _____ FAX NUMBER: _____

CELL NUMBER: (____) _____ E-MAIL: _____

(if one of the above contacts is not applicable, write none)

PERMANENT ADDRESS: _____
Street Address

_____ *City State Zip Code*

LOCAL MAILING ADDRESS: _____
(if different from above) Street Address

_____ *City State Zip Code*

Are you 16 years of age or older? *Yes / No (circle one)*
(if NO, work permit is required)

REFERRAL SOURCE: Friend Relative Advertisement
 Employment Agency Other: _____

Have you previously applied to this firm? *Yes / No (circle one)* If Yes, when? _____
(date)

Have you previously worked for this firm? *Yes / No (circle one)* If Yes, when? _____
(date)

Do you have any friends or relatives employed by this firm? If so, please list: *(first name/last name)*

Have you ever been convicted of a crime other than minor traffic violations? If so, please describe in full:

Are you legally eligible for employment in the United States? *Yes / No (circle one)*

Do you speak any foreign languages fluently? If so, which ones? *Yes / No (circle one)*

(list languages here) _____

When could you be available to begin work? *(time)* _____

STARTING SALARY: _____

If you submit a resume instead of completing the *EDUCATION* and *EMPLOYMENT HISTORY* sections, please be sure all requested information is included on your resume. Please initial here that your resume is complete and accurate.

_____ *Initials*

EDUCATION

	HIGH SCHOOL				COLLEGE				GRADUATE			
YEARS COMPLETED <i>(circle one)</i>	9	10	11	12	1	2	3	4	1	2	3	4
SCHOOL NAME	_____				_____				_____			
DIPLOMA/DEGREE	_____				_____				_____			
MAJOR	_____				_____				_____			

(leave blank those that do not apply to you in the education information above)

If you did not receive an education higher than the 9th grade, please specify the level of education you received and indicate its location: _____

Describe any other relevant specialized training, skills, or extracurricular activities:

EMPLOYMENT HISTORY

Directions: List each job held. Begin with your present or last job. (*print or type*)

1. Employer _____ Job Title _____
Address _____ Job Duties _____

Phone Number _____
Dates of Job _____
Supervisor _____
Reason for Leaving _____

2. Employer _____ Job Title _____
Address _____ Job Duties _____

Phone Number _____
Dates of Job _____
Supervisor _____
Reason for Leaving _____

3. Employer _____ Job Title _____
Address _____ Job Duties _____

Phone Number _____
Dates of Job _____
Supervisor _____
Reason for Leaving _____

4. Employer _____ Job Title _____
Address _____ Job Duties _____

Phone Number _____
Dates of Job _____
Supervisor _____
Reason for Leaving _____

May we contact the employers listed above? *Yes / No (circle one)*

If *No*, which one(s) do you not wish us to contact? (*number(s)*) _____

Have you been discharged or forced to resign from any position in the last 5 years? *Yes / No (circle one)*

If Yes, explain: _____

(for each of the following, check only one (i.e. Yes or No))

RN? Yes No LICENSE #: _____ EXP. DATE: _____

LPN? Yes No LICENSE #: _____ EXP. DATE: _____

CNA Certified? Yes No LICENSE #: _____ EXP. DATE: _____

GNA Certified? Yes No

CPR? Yes No ISSUING AGENCY: _____ EXP. DATE: _____

Authorized Agent Medical Training Certificate? Yes No DATE: _____

Hepatitis B Vaccine Series? Yes No DATES: _____

Uniforms? Yes No

Own Transportation? Yes No

The facts set forth above in my application are true and complete. I understand that if employed, omissions or false statements on this application shall be considered sufficient cause for dismissal.

If employed, I understand and agree that my employment can be terminated at will with or without cause at any time by myself or LAV'M. I understand that no one has authority to enter into any contrary agreements concerning my employment unless such agreement is in writing and signed by the administrator or owner of LAV'M.

I authorize LAV'M to make a thorough investigation of my past employment and activities and I agree to cooperate in such investigation. I understand that LAV'M may request consumer investigative reports from investigative or credit agencies, based on interviews with my family, neighbors, or associates. This report may involve information concerning my character, general reputation, personal characteristics and mode of living. I understand that if a consumer investigative report is requested, I have the right, under the fair credit reporting act, to request in writing, within a reasonable time, a complete and accurate disclosure of the nature and scope of the investigation.

I understand that this application will be considered active for no more than six (6) months and that after that time it may be necessary to reapply in order to be considered for employment.

Signature of Applicant

Date