

Mayfair Management, Inc.
APPLICATION FOR EMPLOYMENT
(An Equal Opportunity Employer)

Thank you for your interest in our assisted living facility. Please complete this application for employment and provide a copy of any professional license or certification you may have.

FACILITY: _____

Name (last, first, middle)	Social Security Number
Present Address (street, city, state, zip code)	
Phone Number(s)	Salary Desired
Position(s) Desired	Date You Can Start

Are you 18 year of age or older? YES ____ NO ____

Are you either a U.S. citizen or an alien authorized to work in the U.S.? YES ____ NO ____

Have you ever been employed by this company before? YES ____ NO ____
If YES, where and when? _____

*Have you ever been convicted of a felony or misdemeanor? YES ____ NO ____

*Have you ever been convicted of a felony or misdemeanor within the last 5 years? YES ____
NO ____ If YES, please describe: _____

*You will not be denied employment solely because of a conviction record, unless the offense is related to the job for which you have applied.

Are you subject to any administrative or judicial orders requiring child support payments being deducted from your wages? YES ____ NO ____

EDUCATION

School	Name / Location	# Years Attended	Did You Graduate?
High School			
College			
Trade School			
CNA School			

EMPLOYMENT HISTORY

List below your last 3 employers, starting with the most recent one first.

Dates of Employment		Employer Name, Location, and Phone Number	Position Held	Salary	Reason(s) for Leaving
From	To				

May we contact your current employer? YES ____ NO ____

MILITARY SERVICE

U.S. military or naval service? YES ____ NO ____ (If YES, position/rank _____)
Present membership in National Guard or Reserves? YES ____ NO ____

REFERENCES

Provide the names of at least 2 supervisory references not related to you and 1 additional reference.

Name of Reference	Contact Information (Address and Phone Number)	Years Known

PHYSICAL RECORD

Do you have any physical limitations that preclude you from performing any work for which you are being considered? YES ____ NO ____ If YES, what can be done to accommodate your limitation?

If YES, please describe: _____

Mayfair Management, Inc. has in place a drug testing policy whereby upon receiving an employment offer you will be requested to sign a consent release form acknowledging understanding of the drug testing procedure. Applicants who refuse to sign the consent release form or refuse to undergo the drug screening will be rejected for employment.

SUPPLEMENTAL INFORMATION

Please tell us why you want to provide care and/or services to the residents at this facility.

EMERGENCY CONTACT

In case of an emergency, I authorize you to notify the following individual(s):

Name	Address	Phone Number(s)

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for termination.

I authorize investigation of all statements contained herein and the references listed to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing this to you.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice.

Date: _____ Signature: _____

For Office Use Only:

Date interviewed: _____
Position: _____

Date of hire: _____
Hired by: _____