

# WATERFORD SENIOR LIVING

## Employment Application An Equal Opportunity Employer

Equal access to employment, programs, and services is available to all persons. If you require reasonable accommodation to the application and/or interview process, please notify a representative of Waterford Senior Living. It is the intent of Waterford Senior Living to comply with all state and federal requirements and to operate within the law in the implementation of all facets of equal opportunity. In the recruitment, selection, training, promotion, termination or any other personnel action, there will be no discrimination on the basis of race, color, religious belief, age, gender, sexual orientation, military service, national origin, citizenship status, disability, marital status, pregnancy, arrest or conviction record, use or non-use of lawful products off premises, or any other areas covered under state or federal law. Do not include information of this nature in the application. It is the intention of Waterford Senior Living that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

Last Name:		First Name:		Middle Initial:
Street Address:	City:	State:	Zip Code:	
Home Phone:	Alternate Phone:		Are you legally authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Position applying for:	Shifts available for work: <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> Any		Salary desired:	
Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No	If position requires vehicle operation, do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No Number: _____			
How did you hear about WSL?			Date available for work:	
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have any pending criminal charges against you? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes to either question please explain:				
<i>Information used only if relevant to position(s) you are applying for.</i>				

Education	School Name	Major	Graduated	Years Completed
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Vocational			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Personal Reference Name	Relationship	Phone Number

EMPLOYMENT HISTORY (Please list most recent first)			
Company Name:	Phone Number:	City:	State:
Job Title:	Supervisor:	Pay Rate:	
Reason for leaving:		From:    To:	
Your position and duties: _____ _____ _____			

<b>EMPLOYMENT HISTORY</b>			
Company Name:	Phone Number:	City:	State:
Job Title:	Supervisor:	Pay Rate:	
Reason for leaving:		From:	To:
Your position and duties: _____			
_____			
_____			
_____			

<b>EMPLOYMENT HISTORY</b>			
Company Name:	Phone Number:	City:	State:
Job Title:	Supervisor:	Pay Rate:	
Reason for leaving:		From:	To:
Your position and duties: _____			
_____			
_____			
_____			

Please read the paragraph below. If you agree to the conditions in the paragraphs, sign on the signature line at the bottom of this page.

**STATEMENT OF DISCLOSURE:** I certify that the information provided by me in this application is true and complete to the best of my knowledge. I understand that if I am employed, any false statements or omissions can lead to immediate dismissal. I agree that Waterford Senior Living will not be held liable in any respect if my employment is terminated for that reason. I authorize Waterford Senior Living to verify the information I have supplied. I understand and agree that if hired, my employment will not be for any fixed period of time and may be terminated at any time without prior notice and without cause. I also understand that any offer of employment may be conditioned upon results of a physical examination. I understand that this application will remain 'active' for 90 days and if I want to be considered for employment beyond that time I must fill out another application.

**DRUG SCREENING:** I hereby agree to submit to medical testing for the presence of illegal drugs, alcohol, or prescription medication taken without a prescription. I will hold all parties concerned harmless, meaning I will not sue nor hold anyone responsible for any alleged harm to me as a result of not submitting to the testing or the reported results of the testing. This includes, but is not limited to, possible clerical or laboratory error. I understand that Waterford Senior Living may require drug/alcohol test whenever an employee is believed to be under the influence of drugs/alcohol or in violation of the Company's drug/alcohol policy, in accordance with the Company's policy and this authorization and consent. This policy and authorization is in a language I understand, and I understand that if I have questions I should ask them prior to signing below.

**REFERENCE RELEASE FORM:** I authorize Waterford Senior Living to investigate my character, qualifications, past employment, education, and activities. I release from all liability, any person, company, corporation, school, or government agency supplying such information. I understand that the employment information may include, but is not limited to, performance evaluations and reports, attendance records, job descriptions, disciplinary actions and opinions regarding my suitability for employment. I recognize that a copy of this authorization and release is as valid as the original and should be considered as such.

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Signature

Date