<u>CHURCHVIEW GARDENS</u> <u>APPLICATION FOR EMPLOYMENT</u>

THIS APPLICATION WILL REMAIN ACTIVE FOR 60 DAYS FROM THE DATE OF APPLICATION.

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age (40 and over), ancestry, gender identity, sexual orientation, marital or veteran status, familial status, genetic information, victim of domestic/sexual violence status, disability or other classification protected by applicable law.

Date:			_	
Name: Last		First		Middle
Address: Number	Street	City	State	Zip Code
Phone No.:()			Social Security No.:	
Business Address:			Bus. Tel. No.:()	
Are you a United Sta	tes citizen or otherwise auth Yes	orized to work inN	n the United States on an unro No	estricted basis?
State age if under 18:	·	Are you stil	ll a student?	
Are you presently em	ployed?	If so, may	we contact your present empl	oyer?
How did you hear ab	out Churchview Gardens?			
Position(s) applied for	or:			
Would you work:	Regular Full-Time Regular Part-Time Summer		Temporary Full-Time_ Temporary Part-Time_	
Are you on a lay-off	and subject to recall?	Yes	No	
Can you travel if a jo	b requires it?	Yes	No	
Specify days and hou	rs available:			
Were you previously	employed by Churchview C	Gardens:		
If yes, when	?			
Have you ever applie	d for a position with Westga	ate Management	or any of its properties?	
If yes, when	?			

If you	you are offered a job, on what date will you be available for work?												
List	friends	or	relatives	presently	working	for	Westgate	Management	or	any	of	its	properties:

List professional, trade, business or civic organizations to which you belong: (You may exclude groups which indicate race, color, religion, sex, national origin, age (40 and over), ancestry, gender identity, sexual orientation, marital or veteran status, familial status, victim of domestic/sexual violence status, disability or other classification protected by applicable law):

Give name, address and phone number of three references not related to you:

(2)

(3)

Have you ever been convicted of a crime or felony which has not been annulled or sealed by the Court?

Yes_____ No____

If yes, explain in full, indicating date, charge, place, under what name and action taken. Use additional paper if necessary

PLEASE NOTE: In case of conviction, a careful and thorough investigation will be made. Consideration will be given to the amount of time since the conviction, your employment history, the relationship between the type of employment considered for and the crime involved and any other circumstances or information that would pertain to your employment and the safe and efficient operation of the business. Failure to answer this question may result in termination of employment.

Explain: _____

(1)

EMPLOYMENT EXPERIENCE

List each job held. Start with your present or last job. Include military service assignments, including the particular branch you have served in and volunteer activities. (You may exclude groups which indicate race, color, religion, sex, national origin, age (40 and over), ancestry, gender identity, sexual orientation, marital or veteran status, familial status, victim of domestic/sexual violence status, disability or other classification protected by applicable law). Note: a dishonorable or general discharge from military service is not an absolute bar to employment, and other factors will affect a final hiring decision.

EMPLOYER	DATES FROM	ТО	JOB TITLE AND WORK PERFORMED
Address			
Job Title	Hrly. Rate/Sala	ry	
	Starting	Final	
Supervisor's Name			
Reason for Leaving			

EMPLOYER	DATES FROM	ТО	JOB TITLE AND WORK PERFORMED
Address			
Job Title	Hrly. Rate/Sala	ary	
	Starting	Final	
Supervisor's Name			
Reason for Leaving			

EMPLOYER	DATES FROM	ТО	JOB TITLE AND WORK PERFORMED
Address			
Job Title	Hrly. Rate/Salary		
	Starting	Final	
Supervisor's Name			
Reason for Leaving			

Summarize special skills and qualifications acquired from employment or other experience:

RECORD OF EDUCATION

School	Name & Address of School	Course of Study	Check Last Year Completed			ear	List Degree
Elementary			5	6	7	8	
High			1	2	3	4	
College			1	2	3	4	
Other (Specify)			1	2	3	4	

HONORS RECEIVED:

AGREEMENT

If I am employed, in consideration thereof, I agree to abide by the rules and regulations of Churchview Gardens and I recognize, understand and agree that my employment and compensation can be terminated with or without cause and with or without notice, at any time, at the option of Churchview Gardens. I understand that no one other than the President of Churchview Gardens has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, and that any such agreement must be in writing and signed by the President of Churchview Gardens.

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I authorize the references listed above 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 same to you. I also agree to permit Churchview Gardens to conduct substance abuse tests and any other background investigative procedures it deems appropriate with respect to my application and, in the event of hire, while employed.

CHURCHVIEW GARDENS AND I UNCONDITIONALLY AGREE NOT TO ELECT A TRIAL BY JURY AND HEREBY KNOWINGLY, INTELLIGENTLY AND VOLUNTARILY WAIVE ALL RIGHTS HE/SHE/IT MAY HAVE TO TRIAL BY JURY IN ANY SUIT, ACTION, PROCEEDING, DISPUTE, CONTROVERSY OR CLAIM ARISING FROM OR RELATING IN ANY WAY TO ANY RELATIONSHIP OR MATTER INVOLVING CHURCHVIEW GARDENS AND ME.

In the event of employment, I understand that false, incomplete or misleading information given in my application or interview(s) may result in discharge. I also understand and agree that employment may be subject to my taking a medical examination from a health care provider designated by Churchview Gardens. and that in his/her opinion I must be medically able to perform the work for which I am applying or being considered.

Signature of Applicant

Date

Printed Name of Applicant

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