

Life Transitions

Application for Employment

Name _____ Date _____

Address _____

City, State, Zip _____ Phone _____

Email _____ Cell Phone _____

Are you over 18 years old?

Yes No

Are you authorized to work in the US on an unrestricted basis?

Yes No

How did you hear of this opening?

Ad Employee Other

Have you worked here before?

Yes No

Position Applied For: _____

Social Security Number _____

Wage or Salary desired: _____

When can you start? _____

Have you been told the essential functions of the job or have you been shown a copy of the job description listing the essential functions of the job? Yes No

Can you perform these essential function with or without reasonable accomodation? Yes No

Have you ever been convicted of a felony? Yes No

Have you had any moving violation in the last three years? Yes No

(Answering yes to these questions will not necessarily disqualify an applicant for employment.)

If you answered yes to either of the questions above, please explain:

Name of person to contact in case of emergency _____

Telephone number _____

EDUCATION	NAME AND LOCATION OF SCHOOL	YEAR GRADUATED	MAJOR	DIPLOMA/ DEGREE
High School				
College / Univ.				
College / Univ.				
Other Training				

What other experiences, skills, or qualifications would especially fit you for work with our company?

REFERENCES

NAME	OCCUPATION	PHONE
1.		
2.		
3.		

WORK HISTORY

May we contact your present employer?

 Yes No

Most Recent Employer	Address	Phone
Employed From	To	Salary
Position		
Description of Duties		
Name and Title of Supervisor		Reason for Leaving

Most Recent Employer	Address	Phone
Employed From	To	Salary
Position		
Description of Duties		
Name and Title of Supervisor		Reason for Leaving

Most Recent Employer	Address	Phone
Employed From	To	Salary
Position		
Description of Duties		
Name and Title of Supervisor		Reason for Leaving

APPLICANT'S CERTIFICATION AND AGREEMENT

I verify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omission, or misrepresentation may result in my dismissal. I authorize **Senior Life Transtions Inc.** to investigate previous employment, educational background, and references. I hereby release **Senior Life Transtions Inc.** and all person or entities who provide information to it from any and all liability from any and all claims in connection with my application or investigation thereof.

I understand that employment at this Company is "at-will," which means that either I or the Company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager, or executive of the Company, other than the president in a signed writing, has any authority to alter the foregoing.

Date: _____ Applicant's Signature: _____