

MEADOWOOD RETIREMENT COMMUNITY
APPLICATION FOR EMPLOYMENT

2455 Tamarack Trail, Bloomington, IN 47408 (812) 336-7060
Fax: (812) 333-8917 www.meadowoodrc.com

We consider all applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, or any other legally protected status.

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment #

City State ZIP Code

Home Phone: () _____ Work Phone: () _____

E-mail Address: _____ Date Available: _____

Social Security No.: _____ Position Applied for: _____

Would like fulltime? _____ Would like part-time? _____

Specify Days & Hours (If part-time): _____

Professional License #: _____ Type of License: _____

Were you previously employed here? _____ When? _____

Are any of your relatives employed here? _____ Name: _____

Education

Grade School: _____ Address: _____

Years Completed: 5 6 7 8 (Circle) _____

High School: _____ Address: _____

Years Completed: 9 10 11 12 (Circle) Did you graduate? _____ Degree? _____

College/University: _____ Address: _____

Years Completed: 1 2 3 4 (Circle) Did you graduate? _____ Degree? _____

Course of study: _____

Other: _____ Address: _____

Years Completed: _____ Did you graduate? _____ Degree? _____

Course of study: _____

Previous Employers

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? Yes / No (Circle)

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? Yes / No (Circle)

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? Yes / No (Circle)

Additional References

If you do not have three employment references, please list three non-relative references.

Full Name: _____ Relationship: _____

Address: _____ Phone: _____

Full Name: _____ Relationship: _____

Address: _____ Phone: _____

Full Name: _____ Relationship: _____

Address: _____ Phone: _____

General Information

If you are under 15 years of age, can you provide required proof of your eligibility to work? _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? _____
(Proof of citizenship or immigration status will be required upon employment.)

If currently employed, may we contact your current employer? _____

Are you currently on "lay-off" status and subject to recall? _____

Have you ever been convicted of or plead guilty or no contest to a felony, misdemeanor or any other offense other than a minor traffic violation? _____

Are any criminal charges currently pending against you? _____

Conviction will not necessarily disqualify an applicant from employment!

To the best of your knowledge, has any action been taken against you that excludes or has excluded you from participation in any federal government healthcare program, including Medicare?

Have you ever had any professional registration, license or certification suspended or revoked?

Have you ever informally resolved any recommended or potential adverse action involving your professional registration, license or certification?

Are any professional registration, license or certification action now pending against you?

Have you ever been named as a defendant in any civil legal action involving your professional competence?

CONDITIONS OF APPLICATION AND EMPLOYMENT:

Applications will be considered active for 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

Any employment with Meadowood is at-will and may be terminated at any time by the company or by the employee without cause. No management official has any authority to make any oral assurance or promise to the contrary.

APPLICANT'S VERIFICATION AND AUTHORIZATION: (Please read the following statements carefully)

I affirm under penalties for perjury that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I agree that falsifying information or omitting significant information may disqualify me from further consideration for employment and will be considered justification for dismissal if discovered at a later date.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I authorize persons, school, my current employer (if applicable), and previous employers and organizations named in this application (and accompanying resume, if any) to provide any information requested by Meadowood Retirement Community.

Signature: _____ Date: _____

