



Senior Communities

### Employment Application

Autumn Trace and its parent company are committed to the hiring, employment, training and promotion of employees without regard to sex, race, color, age, disability, religion, veteran status, national origin or other protected status in compliance with federal and state equal employment laws. Equal access to programs, services and employment is available to all persons. Those individuals requiring reasonable accommodation to complete an application or to participate in an interview should notify a company official.

Application for (position, title, department) \_\_\_\_\_ Date \_\_\_\_\_

Location \_\_\_\_\_ Full Time \_\_\_\_\_ Part-Time \_\_\_\_\_ PRN \_\_\_\_\_

Salary or wage desired: \_\_\_\_\_ per hour/year Referred by \_\_\_\_\_

Names of any known relatives working at this location \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Initial

Address \_\_\_\_\_  
Street City State Zip

Primary Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Best Time(s) \_\_\_\_\_ Secondary Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email Address \_\_\_\_\_

Are you currently employed? Yes \_\_\_ No \_\_\_ If yes, may we contact your current employer as a reference? Yes \_\_\_ No \_\_\_

Have you ever submitted an application here before? Yes \_\_\_ No \_\_\_

If yes, date \_\_\_\_/\_\_\_\_/\_\_\_\_ For position \_\_\_\_\_

Have you ever been a prior employee of Autumn Trace? Yes \_\_\_ No \_\_\_

If yes, date \_\_\_\_/\_\_\_\_/\_\_\_\_ Position/Title \_\_\_\_\_

Are you a citizen of or legally eligible to work in the United States? Yes \_\_\_ No \_\_\_

Note: If hired, you will be required to provide proof of employment eligibility within 3 days of your employment.

Date available to work \_\_\_\_/\_\_\_\_/\_\_\_\_ Will you relocate if job requires? Yes \_\_\_ No \_\_\_

Will you travel if job requires? Yes \_\_\_ No \_\_\_ Are you able to meet attendance requirements of this position? Yes \_\_\_ No \_\_\_

Will you work overtime if required? Yes \_\_\_ No \_\_\_

Have you ever been involuntarily discharged from employment? Yes \_\_\_ No \_\_\_

Have you ever pled guilty, nolo contendere/no contest or been convicted of a criminal offense other than a traffic offense? **A conviction will not necessarily disqualify you for employment. Factors such as date of conviction, seriousness and nature of the offense/crime and rehabilitation will be considered.** Yes \_\_\_ No \_\_\_

If yes, give date(s) and circumstances \_\_\_\_\_

Do you currently have any charges pending against you? Yes \_\_\_ No \_\_\_ If yes, please explain \_\_\_\_\_

**EMPLOYMENT HISTORY**

Provide the following information for your past and current employers, starting with the most recent (use additional sheets if necessary).

Current or last employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Street Address \_\_\_\_\_ Wages at Start \_\_\_\_\_ Finish \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Title \_\_\_\_\_

Your Title \_\_\_\_\_

Explain Duties of Position \_\_\_\_\_

Reason for leaving or considering leaving \_\_\_\_\_

May we contact this employer as a reference? Yes \_\_\_ No \_\_\_

Current or last employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Street Address \_\_\_\_\_ Wages at Start \_\_\_\_\_ Finish \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Title \_\_\_\_\_

Your Title \_\_\_\_\_

Explain Duties of Position \_\_\_\_\_

Reason for leaving \_\_\_\_\_

May we contact this employer as a reference? Yes \_\_\_ No \_\_\_

Current or last employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Street Address \_\_\_\_\_ Wages at Start \_\_\_\_\_ Finish \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Title \_\_\_\_\_

Your Title \_\_\_\_\_

Explain Duties of Position \_\_\_\_\_

Reason for leaving or considering leaving \_\_\_\_\_

May we contact this employer as a reference? Yes \_\_\_ No \_\_\_

Comments and Explanation of any gaps in employment

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SPECIAL SKILLS/TRAINING/QUALIFICATIONS**

Summarize any special skills, training, licenses, certifications, etc that may apply to this job.

\_\_\_\_\_

**REFERENCES** List names and telephone numbers of three business/work references that are NOT related to you and are NOT previous supervisors. If you do not have a previous work history, please list three school or personal references that are not related to you.

NAME	TELEPHONE	YEARS KNOWN

**EDUCATIONAL BACKGROUND**

List last three schools attended, starting with the most recent.

EDUCATION/TRAINING	Name of School	Years Completed	Graduated?	Degree Obtained
High School/Grammar				
College/Vocational				
Post-Graduate/Other				

Provide any other educational information you would like us to consider.

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Please read the following statement before signing

*I hereby state to the best of my knowledge that the information given on this application is correct. I understand that if I have made any misrepresentation or omission, which Autumn Trace, at its sole discretion, deems material on this application, those statements or omissions will cause for cancellation of this application or immediate termination of employment, regardless of when those statements or omissions are discovered.*

*I request and give Autumn Trace the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information obtained in this application. I hereby release from liability Autumn Trace, its Parent Company, officers, subsidiaries, stockholders and all related entities (including any of their agents or employees) for seeking, gathering and using such information and all other persons, companies or organizations for furnishing such information.*

*I understand that Autumn Trace prohibits discrimination in employment and no question on this application is intended to be used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law. I understand that if I have concerns regarding potential discrimination or harassment in the employment application process or any aspect of the employment relationship, I must immediately report such concerns to the Human Resources Department.*

*I understand this application is current for 90 days. After that time, if I still wish to be considered for employment, I may be required to complete a new application.*

*If I am hired, I understand that I will be employed at will. That means that I am free to resign at any time, with or without reason or prior notice and that Autumn Trace of Green County reserves the same right to terminate the employment relationship. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of Autumn Trace, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.*

*I also understand that if I am hired, I will be required to provide proof of identity and proof of my authorizations to be employed in the United States.*

**REFERENCE CHECKS ARE REQUIRED ON ALL APPLICANTS**

*I understand that any offer of employment is contingent on Autumn Trace's receipt of satisfactory references, my passing (negative result) of any pre-employment drug test and the satisfactory outcome of the pre-employment background clearance which may be applicable for the position for which I am under consideration.*

*I represent and warrant that I have read and fully understand the above application and seek employment under these conditions.*

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

