

# AUTUMN FIELDS EMPLOYMENT APPLICATION

**PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE**

Job code \_\_\_\_\_

**PLEASE COMPLETE PAGES 1 through 4** DATE \_\_\_\_\_

Name \_\_\_\_\_  

Last
First
Middle
Maiden

Present address \_\_\_\_\_  

Number
Street
City
State
Zip

How long \_\_\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Cell \_\_\_\_\_

If under 18, please list age \_\_\_\_\_

Position applied for (1) \_\_\_\_\_  
 and salary desired (2) \_\_\_\_\_  
 (Be specific)

Are there any shifts you CANNOT work? \_\_\_\_\_  
 If so, which one and why?

How many hours can you work weekly? \_\_\_\_\_ Have you worked nights before? \_\_\_\_\_

Employment desired     FULL-TIME ONLY     PART-TIME ONLY     FULL- OR PART-TIME

What date available for work? \_\_\_\_\_

## Education

| TYPE OF SCHOOL       | NAME OF SCHOOL | LOCATION | NUMBER OF YEARS COMPLETED | MAJOR & DEGREE |
|----------------------|----------------|----------|---------------------------|----------------|
| High School          |                |          |                           |                |
| College              |                |          |                           |                |
| Bus. or Trade School |                |          |                           |                |
| Professional School  |                |          |                           |                |
|                      |                |          |                           |                |

HAVE YOU EVER BEEN CONVICTED OF A CRIME?     No     Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

**I understand that a complete background check will be made from the information given in this application for employment with Autumn Fields Assisted Living Communities**



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**Autumn Fields Application  
for Employment  
Page 3**

**Work Experience**

|  |                |  |
|--|----------------|--|
|  | Specialty Jobs |  |
| Have you ever worked with elderly people? <input type="checkbox"/> Yes <input type="checkbox"/> No      In what job? _____ |                |  |
| What was most rewarding? _____   |                |  |
| _____  |                |  |

Do you have any physical limitations to lifting? \_\_\_\_\_

**Please list the past 5 years of employment with most recent first**

|  |                         |                  |                |
|--|-------------------------|------------------|----------------|
| Name of employer<br>Address<br>City, State, Zip Code<br>Phone number   | Name of last supervisor | Employment dates | Pay or salary  |
|  |                         | From<br>To       | Start<br>Final |
| Your last job title  |                         |                  |                |
| Reason for leaving (be specific)   |                         |                  |                |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. |                         |                  |                |

|  |                         |                  |                |
|--|-------------------------|------------------|----------------|
| Name of employer<br>Address<br>City, State, Zip Code<br>Phone number   | Name of last supervisor | Employment dates | Pay or salary  |
|  |                         | From<br>To       | Start<br>Final |
| Your Last Job Title  |                         |                  |                |
| Reason for leaving (be specific)   |                         |                  |                |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. |                         |                  |                |

**Please use a separate piece of paper if necessary to complete 5 years of work history**

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Autumn Fields  
Application for  
Employment  
Page 4

Please read carefully before signing

I understand that (1) Autumn Fields Assisted Living Communities has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy.

I further understand that my employment with Autumn Fields shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with Autumn Fields is terminable at will for any reason by either party.

Signature of applicant \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Guardian if under 18 \_\_\_\_\_ Date \_\_\_\_\_

Autumn Fields is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in Autumn Fields.

May we contact your present employer?  Yes  No

Did you complete this application yourself  Yes  No

If not, who did? \_\_\_\_\_

## POST EMPLOYMENT INFORMATION

TO BE COMPLETED ***AFTER*** EMPLOYEE HAS BEEN HIRED

Birth date \_\_\_\_\_ Hobbies \_\_\_\_\_

Married  Yes  No

Full name of significant other \_\_\_\_\_ Occupation \_\_\_\_\_

## PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

Name \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

Date of employment \_\_\_\_\_ Job title \_\_\_\_\_ Dept. \_\_\_\_\_

Rate of pay \_\_\_\_\_  Full-time  Part-time  Salaried amount \$ \_\_\_\_\_

Drug test confirmation number \_\_\_\_\_

Name of person verifying information \_\_\_\_\_

Name of person authorizing employment \_\_\_\_\_ Date \_\_\_\_\_