



Application for Employment

It is this company's policy to provide equal employment opportunities without regard to age, race, color, religion, military status, gender preference, sex, marital status, national origin, or disability.

Applicant Name: _____ Today's Date: _____

Present Address
 City/State/Zip: _____ E-mail Address: _____

Home Phone: _____ Mobile Phone: _____ Are you able to send and receive text messages: Yes No

Social Security Number: _____ Date of Birth: ___/___/____ Driver's License #: _____

Position you are applying for: Full Time Part Time
 Shift: Days Nights Evenings Weekends

Date Available to Start: _____ Wage Requirements: _____ If you are not a US Citizen, have you the legal right to remain permanently in the US? Yes No

How did you hear about SilverCrest Assisted Living? _____

Do you have adequate means of transportation to get to work on time each day and when called in on short notice during normal working hours? Yes No

Have you been convicted of a crime (excluding misdemeanors and traffic offenses) and/or released from confinement following a conviction for any criminal offense within the past 7 years? Yes No
 If Yes, please give date, place, and nature of each such conviction.

Are you presently charged with any violation of the law other than traffic violation? Yes No
 If Yes, please give date, place, and nature of each such conviction.

Educational History

Type of School	Name & Location of School	Circle Last Year Attended	Graduated	Degree
High School		9 10 11 12		
College		1 2 3 4		
College		1 2 3 4		
Other		From: To:		

List professional licenses you possess. Indicate type of license, number, and state.

List any memberships in professional organizations, honors or activities, which you feel, would enhance your application, excluding those that would indicate age, race, color, religion, military status, gender preference, sex, marital status, national origin, or disability.

List other skills applicable to the position for which you are applying, including computer experience, typing speed, etc.:

Applicant Name: _____

Location: _____

In case of an emergency notify

Name: _____ Phone Number: _____ Relationship: _____

Work History

Attach an additional sheet listing other work experience pertinent to the position for which you are applying if the space below is insufficient.

Company Name	Address/City/State/Zip	Phone Number	Supervisor's Name
Date Started: Date Left:	Type of Business: Salary: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Per Visit	Reason for Leaving	OK to Contact Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe your job title, responsibilities and accomplishments			
Company Name	Address/City/State/Zip	Phone Number	Supervisor's Name
Date Started: Date Left:	Type of Business: Salary: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Per Visit	Reason for Leaving	OK to Contact Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe your job title, responsibilities and accomplishments			
Company Name	Address/City/State/Zip	Phone Number	Supervisor's Name
Date Started: Date Left:	Type of Business: Salary: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Per Visit	Reason for Leaving	OK to Contact Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe your job title, responsibilities and accomplishments			
Company Name	Address/City/State/Zip	Phone Number	Supervisor's Name
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Describe your job title, responsibilities and accomplishments			

