

Employment Application

All people have equal access to programs, services, and employment. Applicants who need a reasonable accommodation for the application and/or interview process should let a human resources department representative know. We are an employer that values diversity.

		Applicant Ir	nform	ation			
Full Name:						Date:	
	Last	First			M.I.		
Address:							
	Street Address					Apartment/Unit #	
	City				State	ZIP Code	
Phone:		E	mail_				_
Date Availal	ole: So	ocial Security No.:			Date o	of Birth:	
Position Applied for:		Desire Full	ltime. F	Part-time	e. or Anv?		
Shift Preferr	red 1 2 3 Any			<u> </u>	2, 3. 7 , .		_
	en of the United States?	YES NO		If no, are	e you authorized to	YES NO work in the U.S.?	
	of is required if hired.) r worked for this company?	YES NO	If yes	, when?			
Have you eve	been convicted of a felony?	YES NO					
If yes, explain:	:						
Educat	ion Background (High	School, College,	Grad	uate S	chool, Vocati	onal Training/Other)	
High Schoo							
From:	To:	Did you graduate?	YES	NO	Diploma:		_
College:		Address:_					
From:	To:	Did you graduate?	YES	NO	Degree:		
Other:		Address:					
From:	To:	Did you graduate?	YES	NO	Degree:		
		Refere	ences				
Please list	three professional referenc	ces.					
Full Name:	Full Name: Relationship:				ship:		
Company:					Pho	one:	_
Address:							

			_	Relationship:	
Company:Address:				Phone:	
Full Name:			_	Relationship:	
				Phone:	
	Previous E	Employme	ent		
Company:				Phone:	
Address:				Supervisor:	
Job Title:	Starting S	Starting Salary:\$		Ending Salary:\$	
Responsibilities:					
From:	To:	Reason fo	or Leaving		
May we contact your	previous supervisor for a reference?	YES	NO		
Company:				Phone:	
Address:				Supervisor:	
Job Title:	Starting Salary:			Ending Salary: <u>\$</u>	
Responsibilities:					
From:	To:	Reason for Leaving:			
May we contact your	previous supervisor for a reference?	YES	NO		
Company:				Phone:	
۸ ما ماسه م م .				Supervisor:	
Job Title:	Starting S	Salary: <u>\$</u>		Ending Salary:\$	
Responsibilities:					
From:	To:	Reason fo	or Leaving		
May we contact your	previous supervisor for a reference?	YES	NO		

How were you referred to our Company?
Have you submitted an application here before? (If yes, please give dates):
() Yes
() No
Have you ever been employed here?
()Yes
()No
If you are under 18 years old, can you provide a work permit if required?
() Yes
() No
() N/A
Are you able to preform the "essential functions" of the job for which you are applying (with or without reasonable accommodation)?
() Yes () No
() Need more information about the job's "essential functions" to respond
Note: This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage, to the extent permitted by law.
If they have been explained to you, are you able to meet the attendance requirements of the position?
() No
() N/A
Will you work overtime if required?
()Yes
() No
Please provide your driver's license number, if driving is required for this job State
Have you entered into an agreement with any former employer or other party (such as a noncompetition agreement) that might, in any way, restrict your ability to work for our Company?
() Yes
() No
If yes, please explain:

Special Training, Skills, or Certif	fications (that would benefit in the job w	vhich you are applying)
Certifications:	From:	To:
Skills:	Languages:	
Machine Operation, etc:		
	Disclaimer and Signature	
	complete to the best of my knowledge. If this ap misleading information in my application or inte	•
Signature:	D	ate:



I certify that all the information submitted by me on this application is true and complete, and I understand that if any false or misleading information, omissions or misrepresentations are discovered, my application may be rejected, and if I am employed, my employment may be terminated at any time.

If hired, I agree to conform to the Company's rules and regulations, and I understand that these rules and/or the employee handbook do not form a contract of employment either express or implied, and I agree that my employment and compensation can be terminated, with or without cause and with or without notice, at any time, at either my or the Company's option.

I also understand and agree that the terms and conditions of my employment may be changed, with or without cause and with or without notice, at any time by the Company. I understand that no Company representative, other than its president, and then only when in writing and signed by the president, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the forgoing.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives for seeking, gathering and using truthful and nondefamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

I also understand that, if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States as required by federal immigration laws.

This Company does not tolerate unlawful discrimination or harassment based on sex, race, color, religion, national origin, citizenship. age, disability, or any other protected status under applicable federal, state or local law. No question on this application is used to limit or exclude an applicant from employment consideration on any basis prohibited by applicable federal, state or local law.

Applicant's signature:	Date: / /	



Background Screening Authorization Form For Employment Purposes

By signing below, I hereby authorize Victorious Assisted Living Properties, LLC (Victorious Assisted Living). To obtain a consumer report and/or an investigative report on me to release such information to the company or any of its affiliates or carriers, including: present and former employers; personal references; criminal justice agencies; law enforcement and all other federal, state and local courts; departments of motor vehicles, learning institutions licensing agencies, and credit bureaus and credit reporting agencies. By signing below, I acknowledge the information that can be disclosed to the consumer reporting agency, if any only as allowed by law, includes information concerning my employment, and earnings history, education and professional credentials and licenses. By signing below, I acknowledge and agree that this Background Screening Authorization Form shall remain valid and in effect during the term of my employment, subject to applicable laws on me during the hiring process as well as at any time during my employment. Applicant's signature: Print Full Name: _____ Date: ___/___