

Date: _____



APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

This application must be fully completed, signed and dated or you will not be considered an applicant.

Please Print or Type

PERSONAL

Name Last First Middle Telephone Number

Address (Street, Apartment Number, City, State, Zip Code)

Have you applied or worked for Arbor Acres before? Yes No If yes, give date _____

Have you been assigned to Arbor Acres through a temporary staffing service? Yes No If yes, provide the following information: Date _____ Name of staffing service _____

Are you legally eligible for employment in this country? Yes No
(Proof of U.S. Citizenship or immigration status will be required upon employment.)

Have you been convicted of, plead guilty or plead no contest to a misdemeanor or a felony? Yes No If yes, give specifics: _____

POSITION

For what position are you applying? _____

Date available for employment _____ Shift(s) available to work _____

EMPLOYMENT RECORD

Give complete information regarding present and former employment beginning with the most recent. Please indicate type: Full Time, Part Time, Temporary, or Seasonal.

Are you presently employed? Yes No May we contact your present employer? Yes No

Employer Telephone Number City

Job Title Dates Employed: Mo ____ Yr ____ to Mo ____ Yr ____

SECOND LAST

Are you presently employed? Yes No

May we contact your present employer? Yes No

Employer

Telephone Number

City

Job Title

Dates Employed: Mo____Yr____ to Mo____Yr____

THIRD LAST

Are you presently employed? Yes No

May we contact your present employer? Yes No

Employer

Telephone Number

City

Job Title

Dates Employed: Mo____Yr____ to Mo____Yr____

EDUCATION (Circle all that apply)

High School Diploma Yes or No

GED Yes or No

College Degree Yes or No

School or Institution	Location	Degree Granted

CERTIFICATION AND AUTHORIZATION

I certify that the information provided on this form or on any other forms related to the application process are complete and true. I am willing to undergo a physical examination in the event that I receive a conditional offer of employment. I consent to and authorize such physician to report the results of my physical examination to the employer. I understand and agree that any misrepresentation of or omission from any information I supply in connection with this application, or any part of the application process may result in the rejection of my application for employment; the withdrawal of any conditional offer of employment, or my discharge after employment.

I understand that any offer of employment will be contingent upon my successfully passing a background check and drug screen provided at the expense of Arbor Acres, at a laboratory designated by Arbor Acres. I fully and unconditionally consent to such drug screen and authorize the release of the results of such drug screen to Arbor Acres. I understand that the results of such drug screen will be used by Arbor Acres in consideration of my employment application, and may be used by Arbor Acres to refuse to offer me employment or to withdraw any offer of employment previously made. I also understand that as condition of employment, I will be required to furnish documentation verifying my identity and eligibility to work in the United States.

I authorize the investigation of all statements contained in this application or in any other documents which I complete during the application process, and authorize the references that I provide to give any information concerning my previous education and employment, and other matters related to my employment. I release all parties from liability for any claims, demands, liabilities, or damages that may result from furnishing such information to you.

This application is valid for 90 days. Employment, if offered, is employment at will, which may be terminated at the option of either the employer or employee at any time.

Signature of Applicant

Date