

# OPAL SENIOR LIVING

An Equal Opportunity Employer



## APPLICATION FOR EMPLOYMENT

Position Applied For: \_\_\_\_\_

Date: \_\_\_\_\_

### PERSONAL DATA

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

Address \_\_\_\_\_

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

Are You Seeking:  Full-Time  Part-Time  Temporary  Other

Are you a U.S. Citizen?  Yes  No Have you ever worked for this company before ?  Yes  No

If yes, when? \_\_\_\_\_ Do you have relatives currently working for this company?  Yes  No

**AVAILABILITY** : Date Available for Employment \_\_\_\_\_

\_\_\_\_\_ Mornings \_\_\_\_\_ Afternoon \_\_\_\_\_ Evenings \_\_\_\_\_ Overnights \_\_\_\_\_ Weekdays \_\_\_\_\_ Weekends

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From							
To							

### EMPLOYMENT DATA (Please list your last three employers. Begin with the most current employer)

Name \_\_\_\_\_ Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Phone \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisors Name \_\_\_\_\_

Dates Employed \_\_\_\_\_ thru \_\_\_\_\_ Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Phone \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisors Name \_\_\_\_\_

Dates Employed \_\_\_\_\_ thru \_\_\_\_\_ Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Phone \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisors Name \_\_\_\_\_

Dates Employed \_\_\_\_\_ thru \_\_\_\_\_ Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

May we contact your current employer?  Yes  No

**SPECIAL SKILLS AND/OR TRAINING:** (Please indicate any additional skills, experience or training that would contribute to the position for you are applying.)

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### EDUCATIONAL BACKGROUND

Name	Degree Earned	Course of Study
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High School

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College

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Vocational/Trade

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### LICENSES/CERTIFICATIONS

License/Certification #: \_\_\_\_\_ Exp Date: \_\_\_\_\_

CPR Certification #: \_\_\_\_\_ Exp Date: \_\_\_\_\_

First Aide Certification #: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Have you ever been convicted of a crime, including any sex-related offenses?

Yes  No If yes, please explain:

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## REFERENCES

*List individuals familiar with your capabilities.*

_____ Name	_____ Years Known	_____ Relationship	_____ Contact Information
_____ Name	_____ Years Known	_____ Relationship	_____ Contact Information

## EMERGENCY CONTACT

_____ Name	_____ Relationship	_____ Phone
_____ Address		

## CERTIFICATION

**By signing this application,** I certify that I have read the above statements of understanding or have had them read to me and I am furnishing the requested information.

I certify, to the best of my knowledge and belief, that the preceding information, the information on any resume I have submitted, and the information supplied during the interview process is true, correct and complete to the best of my knowledge and information given on this application truly represents my background and experiences. I understand that false or misleading information or omissions on the application, resume and/or during the interview process may disqualify me from further consideration for employment or be grounds for immediate termination of employment with Opal Senior Living.

I hereby authorize my current and former employers (including the U.S. Government or U.S. Military), personal references, registration and licensing boards, and educational institutions listed on my application for employment, to furnish Opal Senior Living with any job-related information requested. I also permit Opal Senior Living to conduct a police and courts records investigation of my background, if relevant to the job for which I am applying. Notwithstanding any provisions of Federal or State law. Also, I hereby release from all liability and responsibility all persons or corporations requesting or supplying such information.

I expressly waive any right I have to review confidential material or information received by Opal Senior Living from a previous employer or educational institution.

I understand that if I am employed by Opal Senior Living, I will be required to provide a current Motor Vehicle record in order to operate an Opal Senior Living motor vehicle. My signature below authorizes the Opal Senior Living to request, as needed, a copy of my motor vehicle operator's record for the express purpose of confirming the licensing requirements for this position, and/or for identifying insurance liabilities.

I further understand that, if I am hired by Opal Senior Living, my employment is "at will" and that either Opal Senior Living or I can terminate the employment relationship at any time, with or without notice, and with or without cause.

Finally, I attest, under penalty of perjury, that I am legally authorized to work in the United States.

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

\_\_\_\_\_  
**Date**

Please provide copies of 2 forms of identification issued by a government agencies.  
ID Examples:

- |   |  |
|---|--|
| <input type="checkbox"/> Driver's License             | <input type="checkbox"/> Social Security Card      |
| <input type="checkbox"/> Military Identification      | <input type="checkbox"/> Birth Certificate         |
| <input type="checkbox"/> Government Issued Picture ID | <input type="checkbox"/> Voter's Registration Card |

Or  Passport

**OFFICE USE ONLY**

Interviewed by \_\_\_\_\_ Date \_\_\_\_\_  
Comments

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recommend Hire  Yes  No

Part-Time  Full-Time      Position \_\_\_\_\_

Starting Wage \_\_\_\_\_ per hour      Start Date: \_\_\_\_\_

Opal Senior Living  
(An Equal Opportunity Employer)

**RELEASE OF REFERENCE CHECK INFORMATION**

I, \_\_\_\_\_ (prospective employee-full name), authorize Opal Senior Living, Assisted Living Facility to contact previous employers listed on my job application. I authorize the release of information pertinent to my job performance and my attendance record.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

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