



# Application for Employment

We are committed to protecting the health and safety of our employees.  
**Successfully completing a drug screening is a condition of employment.**

Name \_\_\_\_\_  
(Last) (First) (Middle)  
Address \_\_\_\_\_  
(Street) (City) (State) (Zip)  
Telephone Number(s) \_\_\_\_\_

Position Applying for \_\_\_\_\_ Salary requirement \_\_\_\_\_

Date Available \_\_\_\_\_  
 Full-time  Part-time  PRN  
 Days  Days  
 Evenings  Evenings  
 Nights  Nights

Are you at least 16 years of age?  Yes  No

Are you at least 18 years of age?  Yes  No

Have you ever been employed with us before?  Yes  No

If yes, date(s)? \_\_\_\_\_ Position \_\_\_\_\_

Do you have a relative working here?  Yes  No

If yes, please list: \_\_\_\_\_

How did you learn about us?

- Advertisement  Employee referral  
 Employment Agency  Walk-in  
 School  Other \_\_\_\_\_

Are you eligible to work in the United State without restrictions?  Yes  No  
(If you are hired, you will be required to furnish proof of your employment eligibility.)

If no, please explain \_\_\_\_\_

Can you perform the essential functions of the position(s) for which you are applying, as you understand them, with or without reasonable accommodation?  Yes  No

## CRIMINAL HISTORY INFORMATION

Information provided by you in this section **will not** automatically disqualify you from employment, but will be reviewed on a case-by-case basis considering all relevant facts and circumstances and the position(s) for which you are being considered. Any falsification, misrepresentation or incompleteness in this section is alone grounds for disqualification or subsequent termination of employment.

Have you ever been convicted of any criminal offense other than a minor traffic violation?  Yes  No

If no, place your initials here \_\_\_\_\_

If yes, please state the nature of the offense, date of conviction, and court in which conviction was entered.

Ganton Retirement Centers is an equal opportunity employer and makes all employment decisions without regard to race, color, religion, gender, sexual orientation, national origin, age, disability, marital status or status as a covered veteran in accordance with applicable federal, state or local laws.

## Employment Experience

List all full-time, part-time, temporary, self-employment, military experience or verified work on a voluntary basis. Begin with current or most recent experience.

Company Name \_\_\_\_\_ Employment Dates: \_\_\_\_\_ to \_\_\_\_\_

Street Address \_\_\_\_\_ Salary \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone number(s) \_\_\_\_\_

Your Position \_\_\_\_\_ Name & Title of Immediate Supervisor \_\_\_\_\_

Description of Duties \_\_\_\_\_

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

May we contact this employer while we are considering your application?  Yes  No

Company Name \_\_\_\_\_ Employment Dates: \_\_\_\_\_ to \_\_\_\_\_

Street Address \_\_\_\_\_ Salary \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone number(s) \_\_\_\_\_

Your Position \_\_\_\_\_ Name & Title of Immediate Supervisor \_\_\_\_\_

Description of Duties \_\_\_\_\_

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

May we contact this employer while we are considering your application?  Yes  No

Company Name \_\_\_\_\_ Employment Dates: \_\_\_\_\_ to \_\_\_\_\_

Street Address \_\_\_\_\_ Salary \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone number(s) \_\_\_\_\_

Your Position \_\_\_\_\_ Name & Title of Immediate Supervisor \_\_\_\_\_

Description of Duties \_\_\_\_\_

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

May we contact this employer while we are considering your application?  Yes  No

Company Name \_\_\_\_\_ Employment Dates: \_\_\_\_\_ to \_\_\_\_\_

Street Address \_\_\_\_\_ Salary \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone number(s) \_\_\_\_\_

Your Position \_\_\_\_\_ Name & Title of Immediate Supervisor \_\_\_\_\_

Description of Duties \_\_\_\_\_

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

May we contact this employer while we are considering your application?  Yes  No

## Education/Certification/Specialized Training

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High School \_\_\_\_\_ Graduated?  Yes  No  
(Name of School) (City & State)

If you did not graduate from high school, did you complete your G.E.D.?  Yes  No

	Name of School	City & State	Major(s)	Graduated	Degree
College or University	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Business or Vocational School	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Other	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Please describe any specialized training, job-related skills and qualifications acquired from school, employment or other experiences that may favorably affect consideration of your application. Please include any professional licenses, or training.

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## Personal/Professional References

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Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

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

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

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

## Applicant's Statement

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### PLEASE READ CAREFULLY

I confirm that all my answers to the questions in this employment application are accurate and complete. I understand that my employment will be contingent upon the accuracy, completeness and acceptability of the information furnished to you.

Permission is granted to **Ganton Retirement Centers** to verify all statements in this employment application. I understand if such statements are found to be false or misleading I will be subject to immediate termination of employment.

I authorize **Ganton Retirement Centers** to contact former and/or current employers for the purpose of completing employment references. I understand that employment is contingent upon satisfactory employment references and hereby release former employers and **Ganton Retirement Centers** from any liabilities for damages resulting from exchange of such information. I understand that any employment I might obtain is as an at will employee and this employment application and any other company documents are not contracts of employment, and that if I am hired I may voluntarily leave employment and I may have my employment terminated by **Ganton Retirement Centers** at any time for any reason with or without notice. I understand that this provision can only be modified by an agreement in writing, signed by the owners of **Ganton Retirement Centers**. I agree if employed I will abide by all rules and regulations of the company.

Through the course of my employment I may come into contact with confidential information such as financial records, medical records and other confidential information. I agree that such information is the property of **Ganton Retirement Centers** and that I will not disclose any such information to any unauthorized person during or after my employment.

I have read the above statement and accept the same as a condition of my employment with **Ganton Retirement Centers**.

Signature \_\_\_\_\_ Date \_\_\_\_\_