

# APPLICATION FOR EMPLOYMENT



DATE OF APPLICATION

**TO THE APPLICANT:** Vitality Senior Services is an equal opportunity employer. We make employment decisions based on qualifications only, without regard to race, creed, color, sex, religion, source of income, physical disability, national origin, marital status, U.S. military veteran status, other non-job-related factors or any other protected class under federal, state or local law in the use, occupancy or delivery of services. We are a drug-free workplace.

**THIS APPLICATION MUST BE COMPLETED IN ITS ENTIRETY BEFORE ANY OFFER OF EMPLOYMENT MAY BE CONSIDERED.**

PLEASE PRINT LEGAL NAME		PERSONAL DATA	
NAME (LAST)	(FIRST)	(MIDDLE)	SOCIAL SECURITY NUMBER
ADDRESS (NUMBER)	(STREET)	APARTMENT NUMBER	HOME TELEPHONE ( )
CITY	STATE	ZIP CODE	CELL PHONE ( )
ARE YOU OVER THE AGE OF 18? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF HIRED, YOU WILL BE REQUIRED TO FURNISH PROOF THAT YOU ARE LEGALLY AUTHORIZED TO WORK. CAN YOU FURNISH SUCH PROOF?		<input type="checkbox"/> YES <input type="checkbox"/> NO
PLEASE INDICATE PRIOR LEGAL NAMES YOU HAVE USED.			
NAME	COMPANY/SCHOOL		
NAME	COMPANY/SCHOOL		
EMPLOYMENT INTERESTS			
INDICATE POSITION(S) APPLYING FOR; ADD SPECIALTY WHERE APPLICABLE		DATE AVAILABLE	MINIMUM SALARY ACCEPTABLE \$ <input type="checkbox"/> HOURLY <input type="checkbox"/> MONTHLY
1.			ARE YOU WILLING TO WORK? (SELECT ALL THAT APPLY) <input type="checkbox"/> DAYS <input type="checkbox"/> EVENINGS <input type="checkbox"/> NIGHTS <input type="checkbox"/> WEEKENDS <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> OVERTIME <input type="checkbox"/> ON-CALL
2.			
3.			
HOW WERE YOU REFERRED TO OUR COMPANY?			
<input type="checkbox"/> BROCHURE*	<input type="checkbox"/> NEWSPAPER AD*	<input type="checkbox"/> EMPLOYEE REFERRAL	NAME OF EMPLOYEE _____
<input type="checkbox"/> CAREER DIRECTORY	<input type="checkbox"/> RADIO/TV*	<input type="checkbox"/> JOB FAIR/CAREER DAY	TITLE _____
<input type="checkbox"/> DIRECT MAIL*	<input type="checkbox"/> TEMPORARY AGENCY	<input type="checkbox"/> OCCUPATIONAL PROGRAM/SCHOOL	
<input type="checkbox"/> JOURNAL AD*	<input type="checkbox"/> SEARCH FIRM	<input type="checkbox"/> INTERNSHIP	
<input type="checkbox"/> NEWSLETTER*	<input type="checkbox"/> WALK-IN	<input type="checkbox"/> *PLEASE SPECIFY _____	
<input type="checkbox"/> OTHER _____			
HAVE YOU EVER BEEN EMPLOYED BY VITALITY SENIOR SERVICES IN THE PAST?			YES <input type="checkbox"/> NO <input type="checkbox"/>
IF YES, WHEN?	POSITION HELD	FACILITY	NAME USED
DO YOU HAVE ANY RELATIVES WORKING FOR VITALITY SENIOR SERVICES OR ITS AFFILIATES? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, INDICATE NAME, RELATIONSHIP, LOCATION AND DEPARTMENT	
OTHER PERTINENT INFORMATION			
DO YOU HAVE RELIABLE TRANSPORTATION TO GET TO WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO			
<input type="checkbox"/> PLEASE INDICATE ANY RELEVANT EXPERIENCE OR TRAINING YOU HAVE HAD THAT SUPPORTS YOUR QUALIFICATIONS FOR THE POSITION YOU ARE SEEKING.			
PLEASE INDICATE ANY ADDITIONAL INFORMATION YOU CONSIDER PERTINENT TO YOUR APPLICATION FOR EMPLOYMENT (INCLUDE UNIQUE SKILLS, HONORS, PROFESSIONAL PUBLICATION, PROFESSIONAL AFFILIATIONS, ETC.)			

LAST NAME \_\_\_\_\_

**EMPLOYMENT/VOLUNTEER WORK/OTHER WORK HISTORY**

*A resume may be attached, but will not be accepted in place of any information required on this form.*

PLEASE ACCOUNT FOR ALL YOUR TIME DURING THE PAST TEN YEARS, INCLUDING JOBS, VOLUNTEER WORK, SCHOOLING, UNEMPLOYMENT, SELF-EMPLOYMENT, MILITARY SERVICE, ETC. (USE ADDITIONAL PAPER IF NECESSARY TO PROVIDE MORE INFORMATION.)

EMPLOYER NAME (PRESENT OR MOST RECENT POSITION)		DATES OF SERVICE (MO/YR)		SALARY, IF PAID (PRESENT/MOST RECENT)		<input type="checkbox"/> HOURLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> ANNUAL	
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO		FROM	TO	\$			
EMPLOYER ADDRESS		CITY	STATE	ZIP CODE	WORK SCHEDULE		
					<input type="checkbox"/> FULL-TIME <input type="checkbox"/> REGULAR <input type="checkbox"/> ON CALL <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY		
NAME OF SUPERVISOR		TITLE OF SUPERVISOR		TELEPHONE NUMBER/EXTENSION			
				( )			
YOUR JOB TITLE		REASON FOR LEAVING					
BRIEFLY SUMMARIZE YOUR MAIN DUTIES AND RESPONSIBILITIES							

EMPLOYER NAME (PRESENT OR MOST RECENT POSITION)		DATES OF SERVICE (MO/YR)		SALARY, IF PAID (PRESENT/MOST RECENT)		<input type="checkbox"/> HOURLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> ANNUAL	
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NAME OF SUPERVISOR		TITLE OF SUPERVISOR		TELEPHONE NUMBER/EXTENSION			
				( )			
YOUR JOB TITLE		REASON FOR LEAVING					
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ARE ADDITIONAL PAGES ATTACHED?  YES  NO



## DRIVING RECORD

*This section should be completed, only if you are applying for a position which requires driving.*

DO YOU HAVE A CURRENT DRIVER'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, INDICATE DRIVER'S LICENSE NUMBER	STATE WHERE ISSUED
ARE THERE ANY CURRENT RESTRICTIONS ON YOUR DRIVER'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, INDICATE RESTRICTIONS	
HAVE YOU BEEN FOUND GUILTY OF A MOVING VIOLATION <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, INDICATE WHEN	
DO YOU HAVE AUTOMOBILE LIABILITY INSURANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO		

## APPLICANT STATEMENT

**IMPORTANT: PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING**

1. All of my responses are true, and complete and where an item is left blank, it is because there is no information within its scope.
2. I authorize Vitality Senior Services to investigate the facts submitted and for those with relevant information including, but without limitation, physicians, hospitals, schools, law enforcement agencies and my prior employers, to provide confirming information to Vitality Senior Services and I release them from any liability for doing so.
3. I hereby consent to undergo such post-offer medical examinations or drug tests as Vitality Senior Services may require (which may include obtaining body tissue or fluid samples and the analysis of them). I also understand and agree that if I am employed I may, from time to time, be required to undergo work-related medical examinations, including drug tests.
4. I understand and agree that any falsification or omission, either on this form or in my response to questions asked during the interviewing or examination process, or on employment forms I may subsequently complete, shall be grounds for immediate termination of employment, no matter when the falsification or omission is discovered.
5. Unless the at will arrangement is modified by a collective bargaining agreement or by a written agreement signed by both me and the CEO of Vitality Senior Services may terminate my employment at any time, with or without cause, unless the "at will" arrangement is modified by a written agreement signed by both me and the CEO of Vitality Senior Services.
6. By signing below, I represent and warrant that I have not been debarred, excluded, suspended or otherwise determined to be ineligible to participate in Federal or State Health Care programs, including without limitation, Medicare, Medicaid, Veterans' Administration or TriCare programs, and I have not been threatened with or subject to any hearing or other type of proceeding that may result in Debarment.

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

AN EQUAL OPPORTUNITY EMPLOYER