



Givens Estates

UNITED METHODIST RETIREMENT COMMUNITY

APPLICATION FOR EMPLOYMENT

GIVENS ESTATES, as an Equal Opportunity Employer, does not discriminate in any aspect of employment (including but not limited to hiring, firing, compensation, training, assignment, employee classification, transfer, promotion, layoff or recall) based on race, color, religion, sex, national origin, age or disability. GIVENS ESTATES, further, prohibits harassment on the basis of race, color, religion, sex, national origin, age or disability and retaliation against an individual for having opposed a discriminatory practice.

DATE _____

NAME _____
LAST FIRST MIDDLE

PERMANENT ADDRESS _____
STREET CITY STATE ZIP

PHONE NO. HOME: _____ CELL: _____ SOCIAL SECURITY NO. _____

FOR WHAT POSITION ARE YOU APPLYING? _____
 (Specific Position Must Be Indicated)

DATE YOU CAN START _____ SALARY DESIRED _____

WHERE ARE YOU EMPLOYED NOW? _____

IF EMPLOYED, MAY WE CONTACT YOUR PRESENT EMPLOYER? _____

PHONE NO. CURRENT EMPLOYER: _____ BEST TIME TO REACH: _____

REFERRED BY _____

HAVE YOU EVER WORKED FOR GIVENS ESTATES BEFORE? _____ IF SO, WHEN? _____

CAN YOU PROVIDE VERIFICATION OF ELIGIBILITY FOR EMPLOYMENT IN THE UNITED STATES? ____ YES ____ NO

DO YOU HAVE ANY RELATIVES EMPLOYED BY GIVENS ESTATES? _____ IF SO, WHO? _____

EDUCATION	NAME AND LOCATION OF SCHOOL	DID YOU GRADUATE		SUBJECTS STUDIED
		Y	N	
Grammar School				
High School				
College				

PLEASE LIST YOUR STREET ADDRESSES FOR THE PREVIOUS FIVE (5) YEARS.

	STREET ADDRESS	CITY/TOWNSHIP	COUNTY	STATE	FROM/TO
1					
2					
3					
4					
5					

GIVENS ESTATES IS A TOBACCO-FREE EMPLOYER. USE OF TOBACCO PRODUCTS ON COMPANY PROPERTY OR IN GIVENS ESTATES VEHICLES IS PROHIBITED.

FORMER EMPLOYERS (List below last four employers, starting with current one first and please note any gaps in work history)

DATE MONTH & YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY OR WAGE	POSITION	REASON FOR LEAVING
From _____ To _____				
From _____ To _____				
From _____ To _____				
From _____ To _____				

REFERENCES: List two persons not related to you who have known you for at least one year.

NAME	ADDRESS	BUSINESS	PHONE NUMBER

Have you ever been convicted or fined as a result of, or pleaded guilty to, any crime or infraction of any kind (excluding minor traffic violations)? YES _____ or NO _____ (Note: Applicants applying for positions involving driving must disclose all infractions, including motor vehicle offenses.) If yes, please explain in complete detail:

Givens Estates will not necessarily refuse to consider an applicant for employment who answers yes to this question, depending on the nature of the crime or infraction.

Employment with Givens Estates is contingent upon the successful completion of a drug screening test and criminal record check. Successful completion of these is no guarantee of employment.

IN CASE OF EMERGENCY NOTIFY:

NAME _____ PHONE NUMBER _____ CELL _____

I hereby certify that all statements made by me in this application are true and correct to the best of my knowledge and belief, and that I understand all of the questions and statements made in this application. I also understand that any misrepresentation or omission of facts in my application may result in rejection of my application or termination of employment. I authorize investigation of all statements made in this application.

If I am employed, I will be required to complete an employment verification form (I-9) and, within three days, provide satisfactory evidence of identity and eligibility for employment.

This application is not valid unless it has been completed in its entirety and dated by the applicant. Applications will not be considered active after sixty (60) days from date of application unless the applicant appears in person to reapply.

I understand that nothing in this employment application, in the company's statements or personnel guidelines, or in my communications with any company official is intended to create an employment contract between the company and me. I also understand that the company has the right to modify its policies without giving me any notice of the change(s). No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon the company unless it is made in writing and signed by an authorized company officer. I understand, if an employment relationship is established, that it will not be for any definite term; that conditions may require me to work a schedule other than the one for which I have applied, or for which I was originally hired; that I have a right to terminate my employment at any time; and that the company retains the right to terminate my employment at any time, without cause or previous notice.

Signature of Applicant _____

Date _____

Revised 6/1/07

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CONFIDENTIAL REFERENCE REQUEST

APPLICANT NAME _____
SOCIAL SECURITY# _____

Dear Sir or Madam:

The above-named applicant has indicated that she/he was previously employed by you. Your evaluation of her/him will be sincerely appreciated. Both the applicant and I will benefit from your quick reply as her/his employment is pending.

Thank you, Amy Staton, PHR Human Resources Director

What were the dates of employment for this applicant? _____ to _____

What was the position of the applicant during this period? _____

Did the applicant leave with a proper notice? YES or NO If yes, what was the reason stated? _____

Is the applicant eligible for rehire? YES or NO If No, why not? _____

If your company allows a reference for the following items, please mark the appropriate response below:

- Attendance: Good ___ Adequate ___ Poor ___
- Quality of Work: Good ___ Adequate ___ Poor ___
- Productivity: Good ___ Adequate ___ Poor ___
- Attitude: Good ___ Adequate ___ Poor ___
- Appearance: Good ___ Adequate ___ Poor ___

Are there any comments you would like to make regarding this applicant? If so, please indicate. _____

Name of Individual Completing this form

Title of Individual Completing this form

When completed, please fax to: Human Resources, 828-771-2206 Date: _____

RELEASE

CONSUMER REPORTS

In connection with my application for employment (including contract for services), I understand that consumer reports or investigative consumer reports which may contain public record information may be requested or made on me including consumer credit, criminal records, driving record, education, prior employer verification, workers compensation claims and others. These reports may include reasons for termination of past employment.

I hereby authorize without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. I further authorize ongoing procurement of the above-mentioned reports at any time during my employment (or contract).

I have the right to make a request of the third-party vendor, upon proper identification and the payment of any authorized fees, of the information in its files pertaining to me at the time of my request.

I understand that in accordance with Givens Estates policy of providing and maintaining a safe and healthful working environment for all employees, that I will submit to a drug and/or alcohol screen test as required under the Givens Estates' Drug and Alcohol Guidelines. I hereby authorize the release of the results of the test to management of Givens Estates and its designated medical or professional representatives. I release Givens Estates, its employees, management, and its designated medical or professional representatives, from any and all claims or causes of action resulting from these tests, the release of the results of these tests, to such persons, and any decisions with reference to my employment or termination from employment, resulting therefrom.

Print First Name Last Name Driver's License # State

Street Address P.O. Box Apartment #

City State Zip Code

FOR IDENTIFICATION PURPOSES:

_____-_____-_____
Social Security Number Male / Female
Gender

Other name or former maiden name

Applicant's signature Date