



Alliance Senior Services
Application for Employment
An Equal Opportunity Employer

Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application blank. PLEASE PRINT, except for signature on back of the application. All information given will be held in strict confidence. This company will make reasonable accommodation in the application process, if needed.

This application is current only for thirty (30) days. At the conclusion of (30) days, if you have not heard from us and still wish to be considered for employment, it will be necessary for you to fill out a new application.

Name (print): _____ Today's Date: _____ House: _____

Present Address: _____ City: _____ State: _____ Telephone: _____

Job Applied for: _____ When are you available: _____

Which type of employment are you seeking? Full-time___ Part-time___ Shift Preference: D S G

Do you currently have relatives working for Alliance Senior Services? Yes___ No___ If yes, which location? _____

RECORD OF EMPLOYMENT					
Current/Most Recent Employer		Address		Telephone	Type of Business
Dates Employed		Rate of Pay		Reason for Leaving	Supervisor's Name Title
From	To	Starting	Ending		
Mo. Yr.	Mo. Yr.				
List the jobs you held, duties performed, skills used or learned, advancements or promotions.					
May we contact your current employer? Yes _____ No _____					
Next Previous Employer		Address		Telephone	Type of Business
Dates Employed		Rate of Pay		Reason for Leaving	Supervisor's Name Title
From	To	Starting	Ending		
Mo. Yr.	Mo. Yr.				
List the jobs you held, duties performed, skills used or learned, advancements or promotions.					
Next Previous Employer		Address		Telephone	Type of Business
Dates Employed		Rate of Pay		Reason for Leaving	Supervisor's Name Title
From	To	Starting	Ending		
Mo. Yr.	Mo. Yr.				
List the jobs you held, duties performed, skills used or learned, advancements or promotions.					

REFERENCES

List at least three work-related references.

Name	Address	Phone Number	References Verified, Checked and Initialed
1			
2			
3			

Have you ever been convicted of a criminal offense? Yes _____ No _____

A conviction will not necessarily disqualify an applicant.

If yes, please explain: _____

Are you over 18 years of age Yes _____ No _____

Are you a citizen of the United States or authorized to work in the United States? Yes _____ No _____

(Federal Law requires proof of identity and employment authorization for all new employees.)

For Driving Job Only: Do you have a valid driver's license? Yes ___ No ___ License #: _____

EDUCATION (Circle last yr completed)	SCHOOL	MAJOR SUBJECTS
Elementary & Jr. High 5 6 7 8	_____	Not applicable
High School 1 2 3 4	_____	_____
College 1 2 3 4	_____	_____
Other (Business, Vocational, Military)	_____	_____

If you are an experienced operator of any business/plant machines or equipment or have other special skills, please list:

Would you take a physical examination (including but not limited to urine, blood or other examination) for evidence of drug or other illegal chemical use? Yes _____ No _____

This employment application is used to notify me that the nature and scope of an investigation, if one is conducted, could include such general identification information as residence verification, and, as applicable, information concerning my employment, education, credit record, general reputation, character, personal characteristics and habits and that such information may be developed through personal interview with third parties such as family members neighbors, friends, associates, former employers, financial sources, and custodians of official records. Only job-related information developed from such a report will be considered in evaluating my employment application or continued employment.

The company reserves the right to require applicants or employees to take drug tests of the Company's choice to determine fitness for duty, including, but not limited to urine, blood, or other examinations for evidence of alcohol or illegal substances, to be performed by an independent medical testing laboratory. Positive results of these examinations will dictate action in accordance with Company policy. As a condition of my being employed, I agree to take such drug test as required, but not limited to urine, blood, or other examinations for evidence of drug or other illegal substance use at a medical or testing facility selected by the Company. I am not guaranteed a position of employment, and should I begin working for the Company before the test results are returned to the Company by the medical testing laboratory, then my employment will only be temporary and is conditioned upon the test result being acceptable to the Company. I waive all provisions of law prohibiting any physician, person, hospital or other institution that has, or may hereafter, attend or furnish me with treatment from disclosing to the Company any knowledge or information thereby acquired.

I certify that the answers given by me to the foregoing questions and during any interviews are true and correct without consequential omissions, and understand that, if employed, omissions and/or false statements on this application or during any interviews shall be grounds for dismissal all release from all liability for damages from issuing truthful information and authorize any and all listed references, former schools, employers and their agents and employees to provide truthful information regarding my employment, character and qualifications. I understand and agree that, if hired, my employment is for no definite period and either the Employer or I may terminate our relationship at will at any time, without notice or any reason, and that this employment application does not constitute an employment contract. I have had an opportunity to have any questions about this statement's content and intent answered and understand its terms.

Date Signature of Applicant Date Signature of Witness