



MESA VALLEY ESTATES

Assisted Living and Memory Care

Caring People | Serving People | Improving Lives

PERSONAL INFORMATION

NAME - FIRST NAME, MIDDLE INITIAL, LAST NAME			TODAY'S DATE	
ADDRESS		CITY		STATE
PHONE NUMBER		EMAIL ADDRESS		

DESIRED EMPLOYMENT

POSITION	DATE YOU CAN START	SALARY DESIRED
CIRCLE - IF HIRED, CAN YOU PRESENT EVIDENCE OF YOUR US CITIZENSHIP OR PROOF OF YOUR LEGAL RIGHT TO LIVE AND WORK IN THIS COUNTRY? YES NO		
CIRCLE - ARE YOU AT LEAST 18 YEARS OF AGE? YES NO (If under 18, hire is subject to verification that you are of minimum legal age.)		

EVER WORKED FOR THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	COMMUNITY NAME/LOCATION	
STARTING DATE	LEAVING DATE	JOB TITLE
REASON FOR LEAVING		

EDUCATION

SCHOOL LEVEL	NAME/LOCATION OF SCHOOL	Y or N GRADUATED	LIST DEGREE/DIPLOMA
HIGH SCHOOL			
COLLEGE			
VOCATIONAL/BUSINESS SCHOOL			

ADDITIONAL QUALIFICATIONS

LIST SUBJECTS OF SPECIAL STUDY	
LIST SPECIAL TRAINING, CERTIFICATIONS OR LICENSES	
DO YOU HOLD A CURRENT LICENSE/CERTIFICATION FOR THE JOB YOU APPLIED FOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME OF LICENSE/CERTIFICATION?
STATE OF LICENSURE	LICENSE/CERTIFICATION NUMBER?
HAVE YOU EVER HAD A LICENSE/CERTIFICATION REVOKED OR SUSPENDED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES, LIST DATE, STATE AND REASON FOR REVOCATION OR SUSPENSION?	

MILITARY SERVICE

LIST BRANCH SERVED IN US ARMED FORCES	LIST REASONS AND NATURE OF DISCHARGE
LIST ANY SPECIAL TRAINING, CERTIFICATIONS OR LICENSE OBTAINED	

EMPLOYMENT HISTORY

STARTING WITH YOUR MOST RECENT EMPLOYER LIST PRESENT AND PAST EMPLOYERS, COVERING A SPAN OF NO LESS THAN 5 YEARS. DO NOT OMIT ANY EMPLOYERS DURING THIS TIME PERIOD. ATTACH ADDITIONAL PAGES IF NECESSARY. EXPLAIN ANY GAPS IN EMPLOYMENT IN THE SPACE PROVIDED BELOW.

NAME OF EMPLOYER				
ADDRESS		CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE		
INITIAL PAY RATE	FINAL PAYRATE	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO		
NAME OF SUPERVISOR	TITLE	PHONE		
DESCRIPTION OF WORK				
REASON FOR LEAVING				

NAME OF EMPLOYER			
ADDRESS		CITY	STATE ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
INITIAL PAY RATE	FINAL PAYRATE	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR	TITLE	PHONE	
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF EMPLOYER			
ADDRESS		CITY	STATE ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
INITIAL PAY RATE	FINAL PAYRATE	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR	TITLE	PHONE	
DESCRIPTION OF WORK			
REASON FOR LEAVING			

EXPLANATION FOR GAPS:

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DRIVING INFORMATION

COMPLETE THIS ONLY IF THE POSITION YOU ARE APPLYING FOR REQUIRES DRIVING AS AN ESSENTIAL DUTY.

DO YOU HAVE ANY CURRENT DRIVING RESTRICTIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU HAVE A VALID DRIVER'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO
LIST LICENSE NUMBER AND CLASS	WHAT STATE ARE YOU LICENSED IN?
DO YOU HAVE A CHAUFFEUR'S LICENSE OR CDL?	
LIST ANY DRIVING INFRACTIONS YOU HAVE HAD DURING THE LAST 5 YEARS?	

CRIMINAL HISTORY

HAVE YOU EVER PLED GUILTY AND/OR BEEN CONVICTED OF A CRIMINAL OFFENSE (INCLUDING MISDEMEANORS?) <input type="checkbox"/> YES <input type="checkbox"/> NO
IF "YES" LIST ALL GUILTY PLEAS AND/OR CONVICTIONS, DATES, COUNTY/STATE AND NATURE OF OFFENSE/S
(PLEASE NOTE: A CONVICTION WILL NOT AUTOMATICALLY DISQUALIFY YOU FROM EMPLOYMENT)

OTHER

DO YOU HAVE ANY FRIENDS OR RELATIVES WORKING FOR MESA VALLEY ESTATES? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, list name and relationship below:	
NAME	RELATIONSHIP
NAME	RELATIONSHIP

REFERENCES

LIST BELOW FOUR PERSONS YOU ARE NOT RELATED TO, WHO HAVE KNOWLEDGE OF YOUR WORK PERFORMANCE WITHIN THE LAST FIVE YEARS.

NAME	PHONE	NATURE OF RELATIONSHIP	YEARS

AUTHORIZATION AND AGREEMENT

Please read carefully, Initial Each Paragraph and Sign and Date Below

I HEREBY CERTIFY THAT I HAVE NOT KNOWINGLY WITHHELD ANY INFORMATION THAT MIGHT ADVERSELY AFFECT MY CHANCES FOR EMPLOYMENT AND THAT THE ANSWERS GIVEN BY ME ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I FURTHER CERTIFY THAT I, THE UNDERSIGNED APPLICANT, HAVE PERSONALLY COMPLETED THIS APPLICATION. I UNDERSTAND THAT ANY OMISSION OR MISSTATEMENT OF MATERIAL FACT ON THIS APPLICATION OR ON ANY DOCUMENT USED TO SECURE EMPLOYMENT SHALL BE GROUNDS FOR REJECTION OF THIS APPLICATION OR FOR IMMEDIATE DISCHARGE IF I AM EMPLOYED, REGARDLESS OF THE TIME ELAPSED BEFORE DISCOVERY.

_____ Initial _____ Date

HEREBY AUTHORIZE MESA VALLEY ESTATES TO THOROUGHLY INVESTIGATE MY REFERENCES, WORK RECORD, EDUCATION AND OTHER MATTERS RELATED TO MY SUITABILITY FOR EMPLOYMENT AND, FURTHER, AUTHORIZE THE REFERENCES I HAVE LISTED, MY CURRENT EMPLOYER LISTED AND ALL FORMER EMPLOYERS LISTED TO DISCLOSE TO MESA VALLEY ESTATES ANY AND ALL LETTERS, REPORTS AND OTHER INFORMATION RELATED TO MY WORK RECORDS, WITHOUT GIVING ME PRIOR NOTICE OF SUCH DISCLOSURE. IN ADDITON, I HEREBY RELEASE MESA VALLEY ESTATES, MY CURRENT AND FORMER EMPLOYERS AND ALL OTHER PERSONS, CORPORATIONS, PARTNERSHIPS AND ASSOCIATIONS FROM ANY AND ALL CLAIMS, DEMANDS OR LIABILITIES ARISING OUT OF OR IN ANY WAY RELATED TO SUCH INVESTIGATION OR DISCLOSURE.

_____ Initial _____ Date

I UNDERSTAND THAT NOTHING CONTAINED IN THIS APPLICATION, OR CONVEYED DURING ANY INTERVIEW WHICH MAY BE GRANTED OR DURING MY EMPLOYMENT, IF HIRED, IS INTENDED TO CREATE AN EMPLOYMENT CONTRACT BETWEEN ME AND THE COMPANY. IN ADDITON, I UNDERSTAND AND AGREE THAT IF I AM EMPLOYED, MY EMPLOYMENT IS FOR NO DEFININTE OR DETERMINABLE PERIOD AND MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT PRIOR NOTICE, AT THE OPTION OF EITHER MYSELF OR THE COMPANY, AND THAT NO PROMISES OR REPRESENTATIONS CONTRARY TO THE FOREGOING ARE BINDING ON THE COMPANY UNLESS MADE IN WRITING AND SIGNED BY ME AND THE COMPANY'S PRESIDENT OR CHIEF OPERATING OFFICER.

_____ Initial _____ Date

I UNDERSTAND THAT A JOB OFFER, IF EXTENDED TO ME, WILL BE CONTINGENT UPON THE SUCCESSFUL COMPLETION OF A DRUG TEST, A CRIMINAL HISTORY BACKGROUND CHECK, A DRIVING RECORD VERIFICATION AND ANY OTHER REQUIREMENT OF THE STATE WHERE THE POSITION WILL BE LOCATED OR WORKING, CONSISTENT WITH APPLICABLE LAW AND IN COMPLIANCE WITH THE FAIR CREDIT REPORTING ACT (FCRA).

_____ Initial _____ Date

I UNDERSTAND THAT IF HIRED, NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY EMPLOYMENT AGREEMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO ASSURE ME OF ANY FUTURE POSITION, BENEFITS OR TERMS AND CONDITIONS OF EMPLOYMENT, UNLESS IT IS IN WRITING AND SIGNED BY THE PRESIDENT OR THE CHIEF OPERATING OFFICER.

_____ Initial _____ Date

I WAIVE RECEIPT OF A COPY OF ANY PUBLIC RECORD DESCRIBED IN THE PARAGRAPHS ABOVE.

APPLICANT SIGNATURE

DATE

This application will only be used in consideration for the position for which you have applied.
This application will be considered active for 90 days. This application will be retained for 1 year from date of submission.

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Completion of this form is entirely voluntary, and all information will remain confidential and will not affect your application for employment. We are required by law to collect this information for equal opportunity employment purposes, and it will not become part of your personnel record if you are hired by this company.

To be completed by applicant:

Name: _____ Date: _____

Position Applying For: _____

Sex: Male Female

Race/Ethnicity:

(Select only one option, the one that you most identify with.)

- Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- White (Not Hispanic or Latino)** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American (Not Hispanic or Latino)** – A persons having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (Not Hispanic or Latino)** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaska Native (Not Hispanic or Latino)** – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- Two or More Races (Not Hispanic or Latino)** - All persons who identify with more than one of the five above races.
- Do Not Wish to Disclose**

To be completed by a Company Representative:

EEO-1 Category:

- | | |
|--|--|
| <input type="checkbox"/> 1.1 Executive/Senior Level Officers | <input type="checkbox"/> 5. Administrative Support Workers |
| <input type="checkbox"/> 1.2 First/Mid Level Officers and Managers | <input type="checkbox"/> 6. Crafts Workers |
| <input type="checkbox"/> 2. Professionals | <input type="checkbox"/> 7. Operatives |
| <input type="checkbox"/> 3. Technicians | <input type="checkbox"/> 8. Laborers and Helpers |
| <input type="checkbox"/> 4. Sales Workers | <input type="checkbox"/> 9. Service Workers |

Company Information completed by:

Name & Title

Date

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