



Employment Application

Carmel Village at Clovis is an equal opportunity employer

We hire and promote without regard to race, color, sex, national origin, religion, marital status, age, sexual orientation, current or previous military status, or disability.

We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants to complete the employment application and process. Please inform Human Resources if assistance is required. Each section and question must be fully and accurately answered; incomplete applications will not be considered for review or employment.

Please Print

Name (First, Middle, Last)

Date

Address (No. & Street)

City

State

Zip Code

Business Phone/Cell Phone

Home Phone

E-mail

Employment Desired

Position applying for: _____

Are you applying for:

- Regular full-time work..... Yes No
- Regular part-time work..... Yes No
- On-Call/Per-diem work..... Yes No
- Temporary work, e.g. summer or volunteer work? Yes No

Are you available to work on weekends?..... Yes No

If applying for temporary work, during what period of time will you be available? From: _____ To: _____

What **hours** and **days** are you available for work? Please be as specific as possible.

Sun. Mon. Tues. Wed. Thurs. Fri. Sat.

Certain departments have shifts. Are you able to work any of the following shifts if required by the department?

1st shift: 6:00 am-2:30 pm Yes No **2nd shift:** 2:00 pm-10:30pm Yes No **3rd shift:** 10:00 pm-6:30am Yes No

If hired, what date can you start work: _____ Salary desired: _____

Personal Information

Have you ever applied to, or worked for Carmel Village or Generations, LLC? Yes No
 If yes, when and where? _____

Do you have any friends or relatives working for Carmel Village or Generations, LLC? Yes No
 If yes, state name(s) and relationships:

_____	_____
Name	Relationship
_____	_____
Name	Relationship

If hired, would you have a reliable means of transportation to and from work? Yes No

Are you at least 18 years old? Yes No

If hired, can you present evidence of U.S. Citizenship or legal residency status to live and work in this county?... Yes No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes No
 If no, please describe the functions that cannot be performed.

Are you currently employed?..... Yes No
 If yes, may we contact your current employer? Yes No

Person to notify in case of emergency:

_____	_____	_____
Name	Cell phone or Home phone	Relationship

Education and Training

Circle the highest level of education completed: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18+

Level	Name, City/State	Course of Study	Years Completed/ Did you Graduate?	Diploma/Degree
Graduate School		Major	1 2 3 4 <input type="checkbox"/> Yes <input type="checkbox"/> No	
College/University		Major	1 2 3 4 <input type="checkbox"/> Yes <input type="checkbox"/> No	
Vocational School/ Health Care Training			<input type="checkbox"/> Yes <input type="checkbox"/> No	

High School			1 2 3 4 <input type="checkbox"/> Yes <input type="checkbox"/> No	
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State any other job related education or training that may be of significance:

Licenses & Certificates	Registration Number & State	Date of Expiration

Employment History

List below all present and past employment starting with your most recent employer (last 5 to 8 years is sufficient). Account for all periods of unemployment. **You must complete this section even if attaching a resume.**

Name, Address and Telephone of Employer	Job Title & Brief Description of Duties	Pay Rate	Reason for Leaving
Employer: Telephone# May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No Address City State Zip Supervisor Name: Dates of Employment (Mo/Yr.) From: To: Present			
Employer: Telephone# May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No Address City State Zip Supervisor Name: Dates of Employment (Mo/Yr.) From: To:			
Employer: Telephone# May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No Address City State Zip Supervisor Name: Dates of Employment (Mo/Yr.) From: To:			
Employer: Telephone# May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No Address City State Zip			

Supervisor Name			
Dates of Employment (Mo/Yr.) From: To:			
Employer Telephone#			
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Address			
City State Zip			
Supervisor Name:			
Dates of Employment (Mo/Yr.) From: To:			

References

List below three persons not related to you who have knowledge of your work performance within the last three years.

1. _____
 First and Last Name Cell phone or Home phone Occupation

 No. of Years Acquainted E-mail

2. _____
 First and Last Name Cell phone or Home phone Occupation

 No. of Years Acquainted E-mail

3. _____
 First and Last Name Cell phone or Home phone Occupation

 No. of Years Acquainted E-mail

Certification

Please read carefully, Initial each section, and Sign Below

I hereby certify that I have not knowingly withheld information that might adversely affect my chances of 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.

Initials

I hereby authorize Carmel Village to thoroughly investigate my references, work record, education and other matters related to suitability for employment and, further, authorize the references I have listed to disclose to Carmel Village any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. I hereby release Carmel Village, my 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.

Initials

Date Applicant's

Signature

Criminal Record Statement (Please also complete the attached Criminal Record Statement- LIC Form 508)

The information requested is necessary for the specific position for which you are applying. No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of offense, the surrounding circumstances and the relevance of the offense to the position applied for may, however, be considered. Any information regarding criminal history will be maintained confidentially.