

Waterstone on Augusta

EMPLOYMENT APPLICATION (An Affirmative Action Employer)

PERSONAL INFORMATION

Date _____

Name _____ Social Security _____

Last First Middle

Present Address _____

Street City State Zip Code

Permanent Address _____

Street City State Zip Code

Home Phone # _____ Cell Phone _____

Are you 18 years or older _____ Yes _____ No

Are you either a U.S. citizen or an Alien Authorized to work in the United States? _____ Yes _____ No

Have you ever been convicted of a felony? _____ Yes _____ No

(If yes please explain) _____

EMPLOYMENT DESIRED

Position _____ Start Date _____ Desired Salary _____

Are you Employed Now? ___ Yes ___ No (If yes, may we inquire of your Present Employer ___ Yes ___ No)

Ever applied to this company before

Where _____ When _____

Referred for employment by:

EDUCATION

Grammar School

Name and Location of School	No of Years Attended	Did you Graduate
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High School

Name and Location of School	No of Years Attended	Did you Graduate
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College

University	No of Years	Did you	Subject	Name and Location of
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School	No of Years	Attended	Graduate	Studied
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Trade, Business

College

Name and Location of School	No of Years Attended	Did you Graduate	Subjects Studied
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GENERAL

Subjects of Special Study or Research

Special Skills _____

Activities: (Civic, Athletic, Etc) _____

Exclude organizations, the name of which indicates the Race, Creed, Sex, Age, Marital Status, Color or Origin of its Members.

U.S. Military or Present Membership in National Naval Service Service _____ Rank _____
Guard or Reserves _____

Do you have any Physical Limitations, which would prevent you from performing the responsibilities of this position? _____ Yes
_____ No (If yes please explain:)

FORMER EMPLOYERS: Below List Three Employers, starting with the most recent first.

Date Employed from _____ to _____
Name _____ Address _____

City _____ State _____ Zip Code _____
Phone Number _____ Contact Name _____ Salary _____
Reason for leaving _____

Date Employed from _____ to _____
Name _____ Address _____

City _____ State _____ Zip Code _____
Phone Number _____ Contact Name _____ Salary _____
Reason for leaving _____

Date Employed from _____ to _____
Name _____ Address _____

City _____ State _____ Zip Code _____
Phone Number _____ Contact Name _____ Salary _____
Reason for leaving _____

REFERENCES Give the names of (3) persons not related to you, whom you have known at least five year.

Name _____ Business _____

Address _____

Phone No _____ Relationship _____

Name _____ Business _____

Address _____

Phone No _____ Relationship _____

Name _____ Business _____

Address _____

Phone No _____ Relationship _____

EMERGENCY CONTACT INFORMATION: In case of emergency notify

Name _____ Relationship _____

Address _____ Phone No _____

NARRATIVE SUMMARY

Please complete a written summary on why you would like to work for *Waterstone on Augusta Assisted Living*.

What strengths would you bring to *Waterstone on Augusta Assisted Living*?

TERMS AND CONDITIONS OF EMPLOYMENT

Waterstone on Augusta Assisted Living is an equal opportunity employer and selects the best matched individual for the job based on job related qualifications, regardless of race, color, religion, sex, sexual orientation, gender identity or expression, national origin, age, marital status, genetic information, disability, veteran status handicap or other protected groups under State, Federal or local equal opportunity laws.

Our company and community prohibits discrimination against any employee or applicant for employment with regard to race, color, religion, sex, sexual orientation, gender identity or expression, national origin, age, marital status, genetic information, disability or veteran status. In addition to federal requirements we comply with applicable state and local laws governing nondiscrimination in employment in every location in which the company has communities and/or facilities. This policy applies to all terms and condition of employment, including, but not limited to, recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation and training.

Any misrepresentation or deliberate omission of facts in my application may be justification for refusal of employment; or if employed termination from my employment.

It is my understanding that *Waterstone on Augusta Assisted Living* will make a thorough investigation of my entire work history and may verify all information and papers given in my application for employment. I authorize such investigation, believing that all statements I have made are true to the best of my knowledge. I realize that falsification of information given may prevent my being hired; or if hired may subject me to immediate dismissal. I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information that may have, and release all parties from all liability for any damage that may result from furnishing same to you.

I agree that *Waterstone on Augusta Assisted Living* may terminate my employment, at any time without liability for wages except those earned to the date of termination. I authorize release of medical information when necessary to determine my ability to perform the job for which I am being considered or for which *Waterstone on Augusta Assisted Living* employed me.

Although management makes every effort to accommodate individual preferences, staffing needs may at times, make the following conditions mandatory; overtime, shift work, a rotating schedule, or a work schedule other than posted. I understand and accept this as conditions of my continuing employment.

I do agree that if employed to serve to the best of my ability and abide by the policies that have been established by the Board of Directors and the Administration of *Waterstone on Augusta Assisted Living*.

I do agree that if employment dispute arises while you may be employed at *Waterstone on Augusta Assisted Living* you agree to submit any such dispute arising out of your employment or the termination of your employment (including, but not limited to, claims of unlawful termination based on race, gender, age national origin, disability, breach of contract or any other bias prohibited by law) exclusively to binding arbitration under the Federal Arbitration Act, 9 U.S.C., Section 1. Similarly, any disputes arising during your employment involving claims of unlawful discrimination or harassment under federal or state statutes shall be submitted exclusively to binding arbitration under the above provisions. This arbitration shall be the exclusive means of resolving any dispute arising out of your employment or termination from employment by *Waterstone on Augusta Assisted Living* or you, and no other action can be brought by employees in any court or any forum

By simply accepting or continuing employment with *Waterstone on Augusta Assisted Living*, you automatically agree that arbitration is the exclusive remedy for all disputes arising out of or related to your employment with *Waterstone on Augusta Assisted Living* and you agree to waive all rights to a civil court action regarding your employment and the termination of your employment with *Waterstone on Augusta Assisted Living*; only the arbitrator, and not a judge nor a jury, will decide the dispute.

I understand that this is an application for employment and that no employment contract is being offered. I further understand that if I am employed, such employment is for no definite period of time, and that wages and benefits are subject to change with prior notice.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

For this Type of Employment State Law requires a Criminal Background Check as a condition of employment.

I have read the above and understand what it says.

Applicant Signature _____ Date _____

FOR FACILITY USE ONLY DO NOT WRITE BELOW THIS LINE.

Work Reference Check Results

Date Completed _____

1.

2.

3.

Personal Reference Check Results

1. _____

2.

Remarks:

Hired _____ Yes _____ No _____ Position _____ Department _____

Salary/Wage _____ Date reporting to work _____

Criminal Background Check initiated _____ Yes _____ No _____ Date Initiated _____

Interviewed by _____ Date _____

Approved _____
Supervisor Executive Director

INTERVIEW, REFERENCE CHECKS AND CRIMINAL BACKGROUND CHECK MUST BE COMPLETED ON ALL HIRES.