



Job Application

5314 Bransford Road
Colleyville, TX 76034
Tel: 817-514-3826
Fax: 817-886-2620

Personal Information

Last		First		MI	SSN#	Email	
Street Address			City	ST	Zip	Home Phone	Mobile Phone
Are you entitled to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No				Are you 18 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, Date of Birth	
Have you been convicted of a felony or been incarcerated in connection with a felony in the past seven years? <input type="checkbox"/> Yes <input type="checkbox"/> No				If yes, please explain:			
Military Service? <input type="checkbox"/> Yes <input type="checkbox"/> No		Branch		Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No		War	
What position are you applying for?				How did you hear about this position?			
Expected Hourly Rate		Expected Weekly Earnings		Date Available			

Prior Work Experience

	Current or Most Recent		Prior		Prior	
Employer						
Address						
City, ST, ZIP						
Telephone						
Name of Immediate Supervisor						
Dates of Employment	From	To	From	To	From	To
Position/Job Title						
Pay						
Reason for Leaving						
May We Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Education

	Name/Location	Last Year Complete				Degree	Major or Emphasis
High School		9	10	11	12		
College/University		1	2	3	4		
Professional Education							
Training							
List any applicable special skills, training or proficiencies.							
Scholastic Honors Received							

Disclaimer - By signing, I hereby certify that the above information, to the best of my knowledge, is correct. I understand that falsification of this information may prevent me from being hired or lead to my dismissal if hired. I also provide consent for former employers to be contacted regarding work records.	Signature	Date
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Employment Understanding (Please Read and Sign)

This institution does not discriminate in hiring or any other decision on the basis of race, color, sex, citizenship, national origin, ancestry, Vietnam era veteran status, or on the basis of age or physical or mental disability unrelated to ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination.

I Voluntarily give this institution the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporations supplying such information. I consent to take the physical examination, and such future physical examinations or may be required by this institution at such times and places as the institution shall designate. I understand that an offer of employment may be contingent on passing the physical examination which relates to the essential duties I would be required to perform.

I understand that my employment is at will, and that either party is free to terminate the employment relationship at any time without cause. I also understand that my employment may be terminated for any misstatement or omission of fact appearing on this application form.

If employed, I will be required to complete an Employment Verification Form (I-9), and within three days show satisfactory evidence of indentity and eligibility for employment.

Applicant's Signature

Date

Please Indicate Days of Hours You are Available For Work (Be Specific)			Availability Record	
Day	From	To	Primary Position Desired _____	
Saturday	A.M.	A.M.	Will you accept another position? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	P.M.	P.M.	If so, what? _____	
Sunday	A.M.	A.M.	Are you available to work: Weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	P.M.	P.M.	Holidays? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Monday	A.M.	A.M.	Flotating Shifts? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	P.M.	P.M.	Do you limit your annual earnings due to social security or other reasons?	
Tuesday	A.M.	A.M.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	P.M.	P.M.	If yes, please state what is the maximum amount you wish to earn _____	
Wednesday	A.M.	A.M.	If your availability changes, it is your responsibility to fill in an "Availability Card" indicating the changes. Such changes will be effective, then, for any future employment.	
	P.M.	P.M.	I understand that emergency conditions may require me to temporarily work shifts other than the one for which I am applying and agree to such scheduling change as directed by my department head or administrator of the institution.	
Thursday	A.M.	A.M.		
	P.M.	P.M.		
Friday	A.M.	A.M.		
	P.M.	P.M.		

Applicant's Signature

Date

Professional Licenses and/or Certification			Verify
Type	Organization or State Based	Date Issued	Number
Type	Organization or State Based	Date Issued	Number
Type	Organization or State Based	Date Issued	Number

	Reference 1	Reference 2	Reference 3
Name			
Address			
City, ST, ZIP			
Telephone			

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Interviewers comments		
Interviewer	Date	Comments

Reference and prior Employment Check		
Individual Contacted	Name of Firm	Results of Check

For Personnel Office Use	
Date of Birth _____	Marital Status _____ Sex _____ Nationality _____ Number of Children _____
Notify In case of Emergency	
Name _____	RelationShip _____
Street _____	City _____ State _____ ZipCode _____
What Language(s) (Other than English) Do you Speak? _____	
Hired _____	For what position _____ Salary _____ Start Date _____

Silver Ridge Assisted Living

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby request and authorize Silver Ridge Assisted Living to see any background security information including criminal history records and any other records deemed necessary for my employment. I also authorize Silver Ridge Assisted Living to perform a drug test at the initial date of employment and anytime thereafter. I voluntarily waive all rights of recourse and release Silver Ridge Assisted Living from liability for compliance with this authorization. This is privileged information and will be used exclusively for this agency.

Name	First	Middle	Last
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Maiden Name	Social Security Number
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Any Other Married Name Used

Any Other Married Name Used

Signature	Date of Birth
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Silver Ridge Assisted Living

Employee Misconduct

I understand that the Silver Ridge Assisted Living will search the "Employee Misconduct Registry and the Nurse Aid Registry" prior to hiring me by calling 1-800-452-3934. I also understand that if my name entered on either registry, the facility is prohibited from employing me.

Employee Signature

Social Security Number

_____ calling the "Employee Misconduct Registry" & the "Nurse Aide Registry" on _____ at _____ O' Clock. There were no findings that would prohibit this person from being hired at Silver Ridge Assisted Living.

Manager/Owner

Date