

Emergency Contact _____

Phone Number _____

LINCOLN PARK MANOR Employment Application

Lincoln Park Manor is a Drug-free Workplace

<p>DIRECTIONS:</p> <p>Respond to ALL Questions. If a particular question does not apply to you, or the position for which you are applying, indicate N/A in the appropriate blank. Do not write "See Resume". PLEASE PRINT.</p> <p><u><i>Incomplete applications will not be considered.</i></u></p>	<p>EQUAL OPPORTUNITY EMPLOYER</p> <p>We will not discriminate against any employee or applicant for employment because of race, color, religion, sex, sexual orientation or gender identity, age (over 40 years of age), national origin, ancestry, veteran status, or disability, or any other legally protected status. Any information received on the application will not be used for impermissible purposes.</p>
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Personal			
Last Name	First Name	Middle Initial	
Street Address	City	State	Zip Code
Home Phone	Business Phone	Other Phone (Please specify)	
Are you under the age of 18?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please list all names, former names, or aliases that you have used.	
If yes, can you provide verification that you are over the age of 16?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<hr/> <hr/> <hr/>	
Have you previously completed an application for employment with us?	<input type="checkbox"/> Yes If so, when? <input type="checkbox"/> No	Have you ever worked for us before?	<input type="checkbox"/> Yes If so, when? <input type="checkbox"/> No

How did you hear of this position? _____

Position			
Position(s) Applied for:	First Choice: _____	Second Choice: _____	Desired Salary or wages (Please be Specific): _____
Employment desired:	<input type="checkbox"/> Full-Time Only	<input type="checkbox"/> Part-Time Only	<input type="checkbox"/> Full- or Part-Time
Days and hours available to work:	Monday _____	Friday _____	How many hours can you work per week? _____
Please list all that apply.	Tuesday _____	Saturday _____	Can you work nights?
	Wednesday _____	Sunday _____	
	Thursday _____	No Preference _____	
Are you willing to work overtime as necessary?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date you can start work: _____	

Education

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete Mailing Address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

Professional License or Vocational Certification

LICENSE TYPE	STATE	LICENSE OR CERTIFICATE NUMBER	DATE RECEIVED/ LAST RENEWAL DATE	EXAM OR RECIPROACITY

Other Qualifications:

Please use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

Including expunged and/or sealed records, have you ever been convicted of any crime, including any sex-related crime, child abuse related crime, or elder abuse related crime? No Yes

If yes, please explain: _____

Military

Have you ever been in the armed forces?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you now a member of the Reserve or National Guard?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Specialty _____	Date Entered _____	Discharge Date _____

Work History

Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

Name of Employer:	Name of Last Supervisor	Employment Dates	Pay or Salary
Address:		From: To:	Start: Final:
City, State, Zip Code			
Phone Number:	Your Last Job Title: _____		
Reason for Leaving (Please be Specific):			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of Employer:	Name of Last Supervisor	Employment Dates	Pay or Salary
Address:		From: To:	Start: Final:
City, State, Zip Code			
Phone Number:	Your Last Job Title: _____		
Reason for Leaving (Please be Specific):			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

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Address:		From: To:	Start: Final:
City, State, Zip Code			
Phone Number:	Your Last Job Title: _____		
Reason for Leaving (Please be Specific):			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

We may contact the employers listed above unless you indicate those you do not want contacted: _____

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Lincoln Park Manor (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Lincoln Park Manor, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Chairman of the Board. Both the undersigned and Lincoln Park Manor may end the employment relationship at any time, with or without specified notice, for any reason or for no reason. If employed, I understand that the Company may unilaterally change or revise its benefits, policies and procedures and such changes may include reduction in benefits.

I understand that any offer of employment from Lincoln Park Manor is contingent upon my successful completion of the Company's total pre-employment screening process, including the Company's receiving references that it considers satisfactory, and my satisfactory completion of any post-job offer pre-employment physical examination that the Company may require.

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

I certify that I have not been excluded from any local, State or Federal Health Program and that no basis for any such exclusion exists. I further certify that I have not been the subject of any investigation or adverse action as defined under the Health Care Fraud and Abuse Data Collection Program. I agree to immediately notify the Company if I become subject to an inquiry or investigation by any government agency for health care fraud or abuse.

I certify 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 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. I also understand that my employment may be dependent upon my passing a physical examination, an approved driver's license check if applicable, and supplying legal proof of my identity and eligibility for employment.

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relationship with the Company is terminable at will for any reason by either party.

Signature of applicant: _____ Date: _____