



# NEW HOPE BAY

—ASSISTED LIVING & MEMORY CARE—

## APPLICATION FOR EMPLOYMENT

(please print clearly)

### Personal Information

Date of Application \_\_\_\_\_ Date Available \_\_\_\_\_

Name \_\_\_\_\_  
 Last First Middle

Present Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Street City State Zip Code

Permanent Address (If Different than Present Address) \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Street City State Zip Code

If you cannot be reached at above phone number, where may we contact you? Name of Person \_\_\_\_\_ Phone \_\_\_\_\_

Employment Desired			Will you accept employment of: <input type="checkbox"/> Full Time? <input type="checkbox"/> Part Time? <input type="checkbox"/> Temporary? Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you available for any shift? <input type="checkbox"/> Yes <input type="checkbox"/> No May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No How did you learn of This Opening? _____
Position Desired	Shift	Rate of Pay	
First Choice			
Second Choice			
Third Choice			

Education	Highest Grade Completed									
	8	9	10	11	12	13	14	15	16	
	Name of School	Location (City, State)		Course of Study		Completed		Type of Degree or Certificate Received		
High School								<input type="checkbox"/> No <input type="checkbox"/> Yes		
College								<input type="checkbox"/> No <input type="checkbox"/> Yes		
Vocational or Business								<input type="checkbox"/> No <input type="checkbox"/> Yes		
Professional Education								<input type="checkbox"/> No <input type="checkbox"/> Yes		

Volunteer or Community Service and/or other qualifications you have that are related to the position for which you are applying:

\_\_\_\_\_

\_\_\_\_\_

Do you have relatives currently working for this company?  Yes  No

Have you ever worked for this company before?  Yes  No

When will you be available to begin work? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Month Day Year

If yes, when? \_\_\_\_\_

Professional Licenses and/or Certifications				Verification (for office use only)
Type	Organization or State Issued	Date Issued	Number	
Type	Organization or State Issued	Date Issued	Number	
Type	Organization or State Issued	Date Issued	Number	

Present and Former Employers	Dates Employed	Pay Range	Position & Duties
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From: _____  To: _____	Starting: _____  Ending: _____	_____ _____ Reason for Leaving: _____ _____ _____
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From: _____  To: _____	Starting: _____  Ending: _____	_____ _____ Reason for Leaving: _____ _____ _____
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From: _____  To: _____	Starting: _____  Ending: _____	_____ _____ Reason for Leaving: _____ _____ _____

References (Identify three persons who know your work, beginning with the most recent)		
Name _____ Address _____ City/State/Zip _____	Position or Title _____ Phone Number _____ Email _____	Years Known _____
Name _____ Address _____ City/State/Zip _____	Position or Title _____ Phone Number _____ Email _____	Years Known _____
Name _____ Address _____ City/State/Zip _____	Position or Title _____ Phone Number _____ Email _____	Years Known _____

**Employment Understanding (Please Read and Sign)**

I certify that the information contained in this application is correct to the best of my knowledge. I understand that falsification of this application in any detail is grounds for disqualification from further consideration or for dismissal from employment in accordance with Company policy. I agree to conform to the rules and regulations of the Company, and understand that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the Company or myself. I understand that neither this document nor any offer of employment constitute an employment contract.

I acknowledge that consideration for employment is contingent on the results of a reference and background check. Therefore, I authorize the Company to; (1) investigate the truthfulness of all statements made on this application; (2) contact my former employers and other listed references or any other persons who can verify information (including law enforcement agencies); and (3) discuss results of any investigation with other employees of the Company involved in the hiring process. In addition, I give my consent for all contacted persons, including former employers, to provide information concerning this application and I release each such person from liability for providing information to the Company. I waive any written notice for the release of such information which may be required under state or federal law.

I acknowledge that a physical examination and drug screen test may be required prior to beginning employment. I authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the duties of the job for which I am applying. I understand that a positive drug test result, a refusal to submit a requested sample for testing, or a refusal to authorize such testing in writing may result in the Company withdrawing any offer of employment made to me.

Michigan law prohibits discrimination in employment based on handicap. However, an applicant or employee requiring accommodations for employment must notify the employer in writing within 182 days after the need is known. Failure to do so shall result in an affirmative defense to the Company based on any claim I might bring for failure to accommodate a disability in the workplace.

*I understand and agree that any claim or lawsuit related to my service with the Company must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. I specifically waive any statute of limitation to the contrary. I also agree that any such claim(s) brought will be filed in the Bay County Circuit Court, Michigan, without a jury. The provisions of this paragraph shall not be deemed as a waiver of either party's statutory rights or remedies and nothing in this provision is intended to prevent either the Employer or Employee from enforcing the terms of any employment agreement.*

I understand that, if hired, this application form, including the acknowledgments I have made above, will become part of my official employment record.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*We are an Equal Opportunity Employer. Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, citizenship, height, weight, handicap, or any other legally protected status.*