EMPLOYMENT APPLICATION

SEDGEBROOK

To Applicant: **Lincolnshire Senior Care/Sedgebrook** **is an equal opportunity employer and makes all employment decisions without regard to race, color, national origin, religion, sex, age, disability or status as a disabled veteran or veteran of the Vietnam era. We deeply appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications.**

PERSONAL INFORMATION

PLEASE PRINT ALL INFORMATION:

Date: _____

Name_____
Last **First** **Middle**

Present Address _____
Street **Apt.** **City** **State** **Zip Code**

Previous Address: _____
Street **Apt.** **City** **State** **Zip Code**

How long have you lived at present address? _____ **How long at previous address?** _____

Telephone#: _____ **Are you at least 18 years old?** _____

Email_____

Are you legally eligible for employment in the USA? _____

Position(s) you are applying for: _____ **Rate of pay expected per hour $** _____

Work Status needed (circle your preference): **FULL-TIME** **PART TIME** **PRN**

Pleas list your preferred shift (work hours): 1st Choice_____ **2nd Choice**_____

Were you previously employed by Lincolnshire Senior Care/Sedgebrook? _____ **If yes, what year?**
_____

Do you have any friends or relatives working for Lincolnshire Senior Care/Sedgebrook?
_____

How did you learn of this position?_____

Have you ever been bonded: _____ **If yes, for what job (s) ?** _____

Are you excluded from participation in Federal Health Care Programs? _____ **If yes, please explain:**

_____

On what date would you be available to begin work?_____

EMPLOYMENT RECORD

List below present and past employment, beginning with your most recent. Please complete all information in full even when submitting a resume.

1. Company Name:_____

Address:_____**Phone number:**_____

Supervisor Name:_____

Position Held:_____

Start Date:_____ **End Date:**_____ **Salary:**_____

Reason for leaving:_____

2. Company Name:_____

Address:_____**Phone number:**_____

Supervisor Name:_____

Position Held:_____

Start Date:_____ **End Date:**_____ **Salary:**_____

Reason for leaving:_____

3. Company Name:_____

Address:_____**Phone number:**_____

Supervisor Name:_____

Position Held:_____

Start Date:_____ **End Date:**_____ **Salary:**_____

Reason for leaving:_____

4. Company Name:_____

Address:_____**Phone number:**_____

Supervisor Name:_____

Position Held:_____

Start Date:_____ **End Date:**_____ **Salary:**_____

Reason for leaving:_____

May we contact your former employers? _____ **If not, which employers do you not want us to contact?** _____

Why would you like to work at Lincolnshire Senior Care/Sedgebrook?

_____

EDUCATION RECORD

High School **Name:** _____ **State:** _____ **Did you graduate?** _____

GED **Where:** _____ **State:** _____

College **Name:** _____ **State:** _____ **How Long?** _____

Course of Study:_____ **Degree:** _____

Name: _____ **State:** _____ **How Long?**_____

Course of Study: _____ **Degree:** _____

Other: _____ **How Long?** _____

Course of Study: _____ **Degree/Diploma**_____

Certifications or Licensures (Please be specific):_____

_____

_____

List any other experiences, skills, hobbies or qualifications that may benefit our organization: _____

_____

_____

_____

_____

_____

MILTARY SERVICE RECORD

Were you in the US Armed Forces?_____ If so, what branch?_____

Dates of duty: From_____ to _____ Rank at Discharge: _____

List duties in the service: _____

PROFESSIONAL REFERENCES

NO RELATIVES PLEASE.

Name: _____ **Occupation:** _____ **Address:** _____ _____ **Phone #:** _____	**Name:** _____ **Occupation:** _____ **Address:** _____ _____ **Phone #:** _____
Name: _____ **Occupation:** _____ **Address:** _____ _____ **Phone #:** _____	**Name:** _____ **Occupation:** _____ **Address:** _____ _____ **Phone #:** _____

Please read and sign below:

I understand that nothing contained in this application or in the interview process is intended to create an employment contract between me and Lincolnshire Senior Care/Sedgebrook. If I am employed by Lincolnshire Senior Care/Sedgebrook, I will be an employee-at-will. This means that both and Lincolnshire Senior Care/Sedgebrook and I have the right to terminate my employment at any time, for any reason, with or without cause. I also acknowledge that upon receiving an offer of employment, I will be required to successfully complete all pre-employment requirements such as a physical, PPD skin test, drug screen, background check, OIG and references.

The facts set forth in my application for employment are true and complete. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my personal history and financial and credit record through any investigative or credit agencies or bureaus of your choice. In making this application for employment I authorize you to make an investigative consumer report whereby information is obtained through personal interviews with my neighbors, friends or others with whom I am acquainted. This inquiry, if made, may include information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of any such investigative report that is made.

Signature _____ Date: _____