



COUNTRY SIDE LIVING  
A Nice Place To Call Home

# Application For Employment

Prospective employees will receive consideration without discrimination based on race, creed, color, sex, age, national origin, handicap, veteran status or any condition prescribed by state or local law

<b>P E R S O N A L</b>	Last Name	First	Middle	Date
	Street Address			Home Telephone ( )
	City, State, Zip			Cellular Telephone ( )
	Position Desired:			E-Mail Address
	Are you seeking full-time or part-time work?			
	Are you legally eligible for employment in the United States?			Pay Expected
	Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," Month and Year _____			When will you be available to work? _____

<b>P E R S O N A L</b>	School	Name and Location of School	Course of Study	No. of Years Completed	Did You Graduate?	Degree or Diploma
	High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	College or University				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Business/Trade/Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Other Education				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Other special training or skills that may contribute to your abilities in performing the above mentioned position:

<b>MILITARY</b>	Did you serve in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", in what branch?
	Describe any training received relevant to the position for which you are applying.	

# Employment

Please give accurate, complete full-time and part-time employment record for within the last ten years

<b>1</b>	Company Name	Telephone ( )
	Address	Employed (State Month and Year) From: To:
	Name of Supervisor	Weekly Pay Start: Last:
	State Job Title and Describe Your Work	Reason for Leaving

<b>2</b>	Company Name	Telephone ( )
	Address	Employed (State Month and Year) From: To:
	Name of Supervisor	Weekly Pay Start: Last:
	State Job Title and Describe Your Work	Reason for Leaving

<b>3</b>	Company Name	Telephone ( )
	Address	Employed (State Month and Year) From: To:
	Name of Supervisor	Weekly Pay Start: Last:
	State Job Title and Describe Your Work	Reason for Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.	<b>DO NOT CONTACT</b>
	Employer Number(s) _____ Reason _____

<b>S I G N A T U R E</b>	<b>Please read and understand this statement before signing your application:</b>
	The information I provided in this Application for Employment is true. False, incomplete or misrepresented information will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for immediate termination of my employment.
	I authorize the employer to obtain information about me from previous employers, educational institutions and other parties to verify the accuracy of information in this application, a related employment resume or personal interview, I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking, and using information to evaluate my employment request and all other persons who provide information for this purpose.
	This application will expire in 30 days. Unless otherwise notified, I understand that my status as an applicant will end. I may reapply for employment in the future by completing a new application.
	This application is not an employment agreement. If I accept an offer of employment I understand the employer may terminate my employment at any time, with or without cause and without prior notice, unless required by law. I understand that no one, other than an executive officer of the employer, has authority to enter into any employment agreement with terms contrary to the foregoing and then only in writing signed by such officer.
<b>I accept all terms and conditions in the above statement.      Date: _____ Signature: _____</b>	