



Employment Application

It is policy of this facility to provide equal opportunity to persons regarding race, religion, age, gender, disability, or any other classification in accordance with federal, state and legal statutes.

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Date of Birth: _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____ Full Time: _____ Part Time: _____
Type of Shift: Day: _____ Evening: _____ Night: _____ Rotate: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO Do you have adequate means of transportation to get to work on time, each day scheduled: YES: _____ NO: _____

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

I understand that the facility reserves the rights to have its employees submit to blood test and or urinalysis for alcohol or drug screens, or to allow inspections of bags (including purses or brief cases) or parcels taken into or taken out of the facility. I understand that refusal to submit to the above named may result in termination of my employment.

Compliance with the facility's substance abuse policy is a condition of employment. This facility requires that every employee be free of any alcohol or drug abuse. Each offer of employment is contingent upon successfully completing a urinalysis test screen for alcohol and drugs in accordance with facility policy. Continued employment is also contingent upon compliance with the facility's alcohol and drug abuse policy.

I understand that all offers of employment are conditional upon the receipt of satisfactory references and a satisfactory background check. Employment is also contingent upon a criminal background check that is compliant with state law and is approved by administration.

I give Oakmont Estate, LLC permission to contact all or any of my previous and current employers and references. I authorize my former and current employers and schools to give any information regarding my employment or schooling. I release Oakmont Estate, LLC and any persons or organizations that provide information, from all legal responsibilities or liability that may arise from conducting an investigation of my employment and or providing information.

I understand that if I am terminated by administration or voluntarily terminated by my personal choice, I am required to reimburse Oakmont Estate, LLC the cost of drug testing, criminal background check, and TB testing in full. These amounts will be automatically deducted from my last payroll check.

In addition, if accepted for employment, I hereby agree to abide by the rules and policies of my employer.

Applicant's Name: _____ Date: _____

Signature: _____ Date: _____