

CLARK RETIREMENT COMMUNITY



Application for Employment

An Equal Employment Opportunity Employer. We comply with all applicable local, state and federal civil rights and equal employment laws and regulation.

PERSONAL INFORMATION

In considering your application for employment, Clark may conduct a detailed and thorough investigation which may include but is not limited to a criminal record check, interviews or inquiries of prior employers, coworkers, acquaintances, relatives or friends.

Last Name	First	Middle	
Present Address	City	State	Zip
Permanent Address	City	State	Zip
Any Previous Name(s) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Identify all other names including maiden name			
Home Phone	Contact Phone		
E-mail (optional)			
Best Time To Contact You	Date Available For Work		
Position applied for	Salary desired		
How did you learn about this position? (newspaper, internet, friend, if other please note)			

Please note all you would consider working.

Weekends & Holidays Yes No Rotating Shifts Yes No On-Call Yes No Any Shift Yes No

Do you have relatives or friends employed by Clark? Yes No

Name	Relationship	Position Held
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Have you ever been employed by Clark Yes No If yes, when?

Are you 18 years of age or older Yes No

Are you a U.S. citizen or an alien legally authorized to work in the United States? Yes No

What are your long range occupational goals?

Have you ever been convicted of, or plead guilty to a crime other than a misdemeanor traffic violation? Yes No

If yes, which state(s), and please explain (You are not required to disclose any SEALED or EXPUNGED criminal records)

Have you ever been involved in the substantiated abuse or neglect of children or adults under the laws of this or any other state of the United States? Yes No If yes, what state(s), and please explain

Have you been sanctioned, cited, reported, or excluded from participation in Medicare, Medicaid, or any other healthcare related law, regulation or program? Yes No If yes, what state(s), and please explain

If your answer is "yes" to any of the above, you will not be automatically disqualified from employment consideration, except as required by state or federal law.

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EDUCATION / SKILLS

High School (Name/Address) _____ 1 2 3 4 (Year Completed)

College (Name/Address) _____ Major _____ 1 2 3 4 (Year Completed)

Graduate School (Name/Address) _____ Major _____ 1 2 3 4 (Year Completed)

Did you graduate? Yes No _____ List diploma or degree _____

Other Business College or Special Courses (Include Special Military Training, Post Graduate and Nursing) _____

Area(s) of specialization or major interest _____

List office skills including computer/software experience _____ Word processing (wpm) _____

List health care, business, or industrial equipment operated _____

PROFESSIONAL LICENSES

Currently Licensed _____ Eligible for License _____

Currently Registered _____ Eligible for Registration _____

License or Registration ever suspended, revoked or on probation? Yes No If yes, please explain _____

Type _____ State _____

Number _____ Date _____

Currently Licensed _____ Eligible for License _____

Currently Registered _____ Eligible for Registration _____

License or Registration ever suspended, revoked or on probation? Yes No If yes, please explain _____

Type _____ State _____

Number _____ Date _____

PROFESSIONAL CERTIFICATIONS

Certification _____

Currently Certified Yes No _____ Eligible for Certification Yes No _____

Type _____

State _____ Date _____

Certification _____

Currently Certified YES NO _____ Eligible for Certification Yes No _____

Type _____

State _____ Date _____

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PREVIOUS EXPERIENCE

Briefly describe duties and skills acquired through military or volunteer service. Please include dates.

Provide information regarding previous employment beginning with most recent employer.

Job Title	From (Month/Year)	To (Month/Year)
Supervisor's Name		
Salary (Hr/Mo/Yr)		
Employer Name		Phone
Address		
Duties		
Reason for leaving	May we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Job Title	From (Month/Year)	To (Month/Year)
Supervisor's Name		
Salary (Hr/Mo/Yr)		
Employer Name		Phone
Address		
Duties		
Reason for leaving		

Job Title	From (Month/Year)	To (Month/Year)
Supervisor's Name		
Salary (Hr/Mo/Yr)		
Employer Name		Phone
Address		
Duties		
Reason for leaving		

Please identify and explain any gaps in employment longer than 3 months

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LANGUAGE

DO NOT COMPLETE UNLESS REQUESTED

Language (First)

Do you? **Speak** Fair Good Fluent **Read** Fair Good Fluent **Write** Fair Good Fluent

Language (Second)

Do you? **Speak** Fair Good Fluent **Read** Fair Good Fluent **Write** Fair Good Fluent

REFERENCES

List at least 3 professional / work / school references excluding relatives.

Name	Relationship/Title
Company Name/Address	
Phone	

Name	Relationship/Title
Company Name/Address	
Phone	

Name	Relationship/Title
Company Name/Address	
Phone	

SIGNATURE

CAREFULLY READ THIS SECTION PRIOR TO PROVIDING SIGNATURE BELOW

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete. I understand that any false or misleading representations or omissions made on the application or during the hiring process may disqualify me from further consideration for employment and may result in discharge even if discovered at a later date.

I understand that employment may be conditioned upon successfully passing a medical examination and required background checks. I understand that I may be required to satisfactorily complete a drug screening as a condition of employment.

I hereby authorize persons, schools, my current employer (if applicable) and previous employers and other organizations to provide Clark and its affiliates with any requested information regarding my application or suitability for employment, and I completely release all such persons or entities from any and all liability related to the provision or use of such information.

I understand that my employment is at-will, which means that I may terminate the employment relationship at any time and for any reason with or without notice, and that Clark has the same right. I understand that no one has the authority to enter into any agreement contrary to the preceding sentence, except for a written agreement signed by an administrative representative of Clark and notarized.

Signature _____ Date _____