



JOB APPLICATION

Applicant Information

Applicant Name _____
Home Phone _____
Other _____
Email Address _____

Current Address
Number & Street _____
City _____
State & Zip Code _____

How were you referred to Colonial Villa? _____

Employment Positions

Position(s) applying for: _____

Are you applying for:

- Temporary work – such as summer or holiday work? [] Y or [] N
- Regular part-time work? [] Y or [] N
- Regular full-time work? [] Y or [] N

What days and hours are you available for work?

If applying for temporary work, when will you be available?

If hired, on what date can you start working? __/__/__

Can you work on the weekend? [] Y or [] N

Can you work evenings? [] Y or [] N

Are you available to work overtime? [] Y or [] N

Salary / wage desired: \$ _____

Personal Information:

Do you have any friends, relatives, or acquaintances working for Colonial Villa? [] Y or [] N

If hired, would you have transportation to/from work? [] Y or [] N

Are you over the age of 18? (If under 18, hire is subject to verification of minimum legal age.)
[] Y or [] N

If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States? [] Y or [] N

If hired, are you willing to submit and pass a controlled substance / drug test? [] Y or [] N

Are you able to perform the essential functions of the job for which you are applying, either with / without reasonable accommodation? [] Y or [] N

If no, describe the functions that cannot be performed.

(Note: Colonial Villa complies with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on still/agility and may be subject to a medical examination conducted by a medical professional.)

Have you ever been convicted of a criminal offense (felony or misdemeanor)? [] Y or [] N

If yes, please describe the crime – state nature of the crime(s), when and where convicted and disposition of the case:

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Educations, Training and Experience

High School:

School Name: _____
School Address: _____
School City, State, Zip: _____

Number of years completed: _____
Did you graduate? [] Y or [] N
Degree / Diploma Earned: _____

College / University:

School Name: _____
School Address: _____
School City, State, Zip: _____

Number of years completed: _____
Did you graduate? [] Y or [] N
Degree / Diploma Earned: _____

Vocational School:

School Name: _____
School Address: _____
School City, State, Zip: _____

Number of years completed: _____
Did you graduate? [] Y or [] N
Degree / Diploma Earned: _____

Military:

Branch: _____
Rank In Military: _____
Total Years' Service: _____
Skill / Duties: _____
Related Details: _____

Additional Information:

Do you have any other experience, training, qualifications, or skills which you feel should be brought to our attention, in the case that they make you especially suited for working with us?
[] Y or [] N
If yes, please explain: _____

Employment History

Are you currently employed? [] Y or [] N

If you are currently employed, may we contact your current employer? [] Y or [] N

Below, please describe past and present employment positions, dating back five years. Please account for all periods of unemployment. Even if you have attached a resume, this section must be completed.

Name of Employer: _____
Name of Supervisor: _____
Telephone Number: _____
Business Type: _____
Address: _____
City, State, Zip: _____

Length of Employment (Include Dates): _____
Position & Duties: _____
Reason for Leaving: _____
May we contact this employer for reference? [] Y or [] N

Name of Employer: _____
Name of Supervisor: _____
Telephone Number: _____
Business Type: _____
Address: _____
City, State, Zip: _____

Length of Employment (Include Dates): _____
Position & Duties: _____
Reason for Leaving: _____
May we contact this employer for reference? [] Y or [] N

Name of Employer: _____
Name of Supervisor: _____
Telephone Number: _____
Business Type: _____
Address: _____
City, State, Zip: _____

Length of Employment (Include Dates): _____
Position & Duties: _____
Reason for Leaving: _____
May we contact this employer for reference? [] Y or [] N

References

List below two persons who have knowledge of your work performance within the last four years. Please include professional references only.

Name (First, Last: _____
Telephone Number: _____
Address: _____
City, State, Zip: _____
Occupation: _____
Number of Years Acquainted: _____

Name (First, Last: _____
Telephone Number: _____
Address: _____
City, State, Zip: _____
Occupation: _____
Number of Years Acquainted: _____

Please Read and Initial Each Paragraph, then Sign Below

I certify that I have not purposely withheld any information that might adversely affect my chances for hiring. I attest to the fact that the answers given by me are true and correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of material fact on this application or on any document used to secure can be grounds for rejection of application or, if I am employed by this company, terms for my immediate expulsion from the company.

I understand that if I am employed, my employment is not definite and can be terminated at any time either with or without prior notice, and by either me or the company.

I permit the company to examine my references, record of employment, education record, and any other information I have provided. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers & all other persons, corporations, partnerships & associations from any & all claims, demands or liabilities arising out of or in any way related to such examination or revelation.

Applicant's Signature: _____
Date: _____