



MLS SENIOR CARE

(Must love seniors)

Grand Junction: 970-314-2993 Delta: (970) 399-1001

EMPLOYMENT APPLICATION

DATE: _____

If you need help with completing this application, please request assistance. MLS Senior Care complies with all applicable laws concerning hiring and employment practices and is firmly committed to maintaining a workplace free from unlawful discrimination. We strive to provide equal employment opportunities to all employees and applicants for employment without regard to race, color, religion, sex, national origin, age, disability, or military status in accordance with applicable federal and state laws.

PLEASE PRINT LEGIBLY IN INK OR FILL IN DIGITALLY

PERSONAL INFORMATION

Please write your name below as it appears on your social security card:

Present Address (City/Town State Zip Code):

Permanent Address (If Different):

Home Telephone Number: _____

Cell Phone Number: _____

E-mail Address: _____

Position for Which You are Applying:

Availability: Full Time () Part Time () Temporary () Internship () Evenings() Weekends ()

Other (Explain)_____

Work Location Preference(s):

Are you currently authorized to work in the United States: () yes () no

Do you now, or will you in the future, require sponsorship for a work visa? () yes () no

Are you over 18 years of age? () yes () no If no, when will you turn 18? _____

Have you ever been employed by MLS Senior Care? () yes () no If you have been previously employed by MLS Senior Care LLC, Please provide dates::

From _____ to _____

Position _____

Names of any relatives employed by MLS Senior Care:

Name: _____

How did you hear about employment opportunities with MLS Senior Care?

() Employment Agency () Job Fair () MLS Senior Care LLC, Website () Advertisement

() Employee Referral () Direct Recruitment () Other _____

PRIOR WORK, MILITARY AND VOLUNTEER EXPERIENCE

In order that we may verify prior experience, have you used another name in your previous jobs?

() No () Yes, give name and specify organization(s)

List most recent experience first. Please include volunteer experience.

1. Name of Organization

Street Address, City, State, Zip Code

Phone Number

Title or Position

Name of Supervisor

Duties

Annual Salary or Hourly Rate

Dates Employed, From

_____ until _____

Reason for Leaving

Can we contact Organization for reference? () Yes () No

2. Name of Organization

Street Address, City, State, Zip Code

Phone Number

Title or Position

Name of Supervisor _____

Duties _____

Annual Salary or Hourly Rate _____

Dates Employed, From _____ until _____

Reason for Leaving _____

Can we contact Organization for reference? () Yes () No

3. Name of Organization

Street Address, City, State, Zip Code

Phone Number _____

Title or Position _____

Name of Supervisor _____

Duties _____

Annual Salary or Hourly Rate _____

Dates Employed, From _____ until _____

Reason for Leaving _____

Can we contact Organization for reference? () Yes () No

REFERENCES

In addition to current and form employers, please list two additional professional references below that we may contact:

Name _____ Relationship _____ How long known? _____
Company _____ Title _____
Daytime Phone No. _____
Evening Phone No. _____ E-mail _____

Name _____ Relationship _____ How long known? _____
Company _____ Title _____
Daytime Phone No. _____
Evening Phone No. _____ E-mail _____

EDUCATION

Name of High School _____ Graduate () Yes () No
Address (Street Address, City, State, Zip Code)

Name of College _____ Graduate () Yes () No
Address (Street Address, City, State, Zip Code)

Type of Degree _____ Year _____ Major _____ Minor _____

Other -- Name of School _____ Graduated () Yes () No

Address (Street Address, City, State, Zip Code)

Type of Degree or Certificate _____ Year _____ Major _____

PROFESSIONAL LICENSES, REGISTRATIONS, AND CERTIFICATES

| Type of License Or Certificate | Reg. No. | Expiration Date | State |
|-----------------------------------|----------|-----------------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Describe any special skills/traits:

CRIMINAL RECORD

Please complete this section on prior convictions. An applicant for employment with a sealed record on file with a court (such as a juvenile record) may answer "no record" with respect to an inquiry relative to prior arrests, criminal court appearances or convictions. A criminal arrest or conviction will not necessarily be a bar to employment.

1. Have you been convicted of a misdemeanor (excluding a first conviction for speeding or minor traffic violations) within the last five years? () Yes () No

2. Have you ever been convicted of a felony? () Yes () No

If you have answered yes to either of the above questions, please provide an explanation below.

PLEASE READ BEFORE SIGNING

I certify that all answers and statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing which, if disclosed, might affect this application unfavorably. I understand that any falsification, misrepresentation or material omission of information submitted on this application will constitute grounds for denial or immediate dismissal from employment.

I authorize all persons, schools, employers and other organizations mentioned in this application to provide MLS Senior Care with any and all information requested by MLS Senior Care related to my qualifications for employment. I hereby voluntarily release MLS Senior Care and any other persons or entities from any and all liability related to the provision of such information.

I further understand that any job offer will be contingent upon satisfactory replies to background and reference checks and that information about the content and scope of such checks will be furnished to me if I make a written request for such information within a reasonable time.

I further understand that employment with MLS Senior Care may be conditioned upon the results of a medical screening examination, skills testing and my ability to provide satisfactory documentation of my U.S. citizenship or authorization to work in the U.S. within 72 hours of the commencement of my employment.

I understand that nothing in this application for employment is intended or should be construed as an offer, agreement or contract of employment.

I further understand that employment at MLS Senior Care is at-will, which means that both the employer and the employee are free to terminate the employment relationship at any time, with or without notice or cause.

If I am employed by MLS Senior Care, I agree to comply with all of its employment policies. MLS Senior Care reserves the right to change or amend policies from time to time.

No supervisor, representative or other person at MLS Senior Care has the authority to make any agreement that is contrary to the foregoing without the written approval of Diana Conner, Owner of MLS Senior Care.

This information provided to MLS Senior Care is considered current for one year only. At the end of this period, if you are still interested in employment, it may be necessary for you to reapply by filling out a new application.

Signature of Applicant _____ Date _____