

The Abbey
AT WESTMINSTER PLAZA

Date: _____

Application For Employment

Name _____ Soc. Sec. No. _____

Street Address _____

Mailing Address (if different from above) _____

Phone # _____ Another phone to reach you _____

Position applied for _____ Full-time _____ Part-time _____ Temporary _____

Are you willing to work weekends and holidays? _____ Yes _____ No

List qualifying skills such as professional license, certificate or specialized training _____

Salary requirements _____

Shift preference _____ 1st(day) _____ 2nd(Evenings) _____ 3rd(Nights)

In Emergency notify: _____ Phone: _____

If you are under 18 years of age can you provide proof of your employment eligibility? _____ Yes _____ No

What are your plans for transportation to and from work? _____

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

(Proof of citizenship or immigration status will be required upon employment.)

Have you ever been convicted of a crime? _____ Yes _____ No

If yes, explain _____

(Conviction will not necessarily be a bar to employment. Each conviction and explanation will be considered in relation to the position for which you are applying.)

Name of friends or relatives who work here _____

Have you ever worked for this Company? _____ Yes _____ No

Have you ever filed for unemployment insurance? _____ Yes _____ No

Why do you want to work here? _____

Have you ever been fired, discharged or asked to resign? _____ Yes _____ No Date _____ (Mo., Year)

If yes, explain _____

Can you perform the essential functions of the job (with or without reasonable accommodation) for which you are applying?

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Record of Education

SCHOOL	NAME & ADDRESS OF SCHOOL	COURSE OF STUDY	CHECK LAST YEAR COMPLETED	DID YOU GRADUATE	LIST DIPLOMA OR DEGREE
HIGH			1 2 3 4	Yes No	
COLLEGE			1 2 3 4	Yes No	
OTHER- (Specify)			1 2 3 4	Yes No	

Employment History

NAME & ADDRESS OF COMPANY & TYPE OF BUSINESS	FROM		TO		DESCRIBE THE WORK YOU DID	STARTING RATE OF PAY	ENDING RATE OF PAY	NAME OF SUPERVISOR
	Mo.	Yr.	Mo.	Yr.				
TELEPHONE NUMBER: ()	REASON FOR LEAVING:							
NAME & ADDRESS OF COMPANY & TYPE OF BUSINESS	FROM		TO		DESCRIBE THE WORK YOU DID	STARTING RATE OF PAY	ENDING RATE OF PAY	NAME OF SUPERVISOR
	Mo.	Yr.	Mo.	Yr.				
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	Mo.	Yr.	Mo.	Yr.				
TELEPHONE NUMBER: ()	REASON FOR LEAVING:							

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CHARACTER REFERENCES: (List two personal references who are not relatives or previous employers.)

1. Name _____ Address _____
Phone # _____ Occupation _____ Years Known _____
2. Name _____ Address _____
Phone # _____ Occupation _____ Years Known _____

I certify that the information contained on this application is true and correct and I understand that misrepresentation or omission of facts called for in this form is due and just cause for termination of my employment. I also agree if and when employed,

1. that at any time the Company may require physical examination and/or x-ray by a physician designated by the Company and that the Company may require satisfactory passing thereof as a condition of continued employment;
2. that continued employment may be based on the successful passing of such tests, including drug tests as the Company may require;
3. that if I leave the employ of the Company for any reason within thirty days from employment date, that the Company may deduct from my last check the cost of the physical examination and/or x-ray or other tests;
4. to abide by all the policies, rules and regulations of the Company;
5. to accept the uniform allowance, if any, which the Company is paying for the purchase, and/or maintenance of any uniform required to be worn during my employment, and thereby to waive any claim that I may have against the Company for reimbursement of any expense which I may incur in connection with the wearing of the uniform(s);
6. I give permission for the employer to contact and obtain information from all references, employers, educational institutions and to verify the information contained in this application;
7. I give permission for the employer to conduct a criminal history check to confirm the information that I have given concerning my criminal history. I hereby release from liability the employer and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information;
8. I understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

I understand that, if employed, this is an employment for no fixed term, terminable by my employer at any time for any reason, which understanding may only be amended in writing executed by an authorized representative of my employer.

Signature of Applicant

Date

INTERVIEWERS COMMENTS:

Interviewer: _____ Date: _____

REFERENCE CHECKS: (Date, To Whom and Initial of Caller)

1. _____

2. _____

3. _____

Decision Reached _____ Starting date _____ Rate of pay _____

Position _____ Dept. Code _____ Shift _____