Date of Application:

Application for Employment

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**To applicant**: Bel Air Care Center is a drug free workplace and an equal opportunity employer. Bel Air makes employment decisions based on qualifications only, without regard to race, religion, color national origin, sex, age, marital status, disabilities, U.S. Military Veteran service, or any other non-job-related factors.

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| --- | --- | --- | --- | --- |
| THIS APPLICATION MUST BE COMPLETED IN ITS ENTIRETY BEFORE ANY OFFER OF EMPLOYEMENT MAY BE CONSIDERED. | | | | |
| **PERSONAL DATA** | | | | |
| Are you a smoker? | Yes? | No? |  |  |
| NAME (Last, Middle Initial, First) | | | Social Security # | |
| Street Address APT # | | | Home Phone: | |
| City | State | Zip Code | Cell Phone: | |
| IF DIFFERENT FROM ABOVE, INDICATE NAME(S) USED AT COMPANIES WHERE YOU WORKED OR SCHOOLS YOU ATTENDED: | | | | |
| NAME: | | | COMPANY/SCHOOL: | |
| NAME: | | | COMPANY/SCHOOL: | |
| **DESIRED EMPLOYMENT** | | | | |
| INDICATE POSITION(S) APPLIED FOR: | | DATE AVAILABLE: | MINIMUM SALARY ACCEPTABLE: | |
| 1 |  | $       PER YEAR HOUR | |
| 2 | | WILLING TO WORK: DAYS | AFTERNOONS | MIDNIGHTS |
| 3 | | PART-TIME | FULL-TIME | OVERTIME |
| HOLIDAYS  OTHER (EXPLAIN): | WEEKENDS |  |
| HOW WERE YOU REFFERED TO BEL AIR? | | | | |
| WERE YOU EMPLOYED BY BEL AIR IN THE PAST? YES?  NO? | | | | IF "YES," WHEN? |
| POSITION(S) HELD: | | | NAME(S) USED: | |
| DO YOU HAVE RELATIVES WORKING HERE? YES?  NO? | | | IF "YES," GIVE NAME AND RELATIONSHIP: | |
| **OTHER PERTINENT INFORMATION** | | | | |
| DO YOU HAVE RELIABLE TRANSPORTATION TO GET TO WORK? YES?  NO? | | | | |
| PLEASE LIST ANY RELEVENT EXPERIENCE OR TRAINING YOU HAVE HAD THAT SUPPORTS YOUR QUALIFICATION FOR THE POSITION YOU ARE APPLYING FOR: | | | | |

\*\* INCLUDING A RESUME DOES NOT TAKE THE PLACE OF COMPLETING THIS SECTION\*\*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **EMPLOYMENT HISTORY** | | | | |
| EMPLOYER NAME: (present/most recent) | | | Salary: $  PER HOUR YEAR | YOUR JOB TITLE: |
| FROM: (MM/YY) | FULL EMPLOYER ADDRESS W/ CITY, STATE ZIP: | | NAME OF SUPERVISOR/ TITLE: | |
| TO: (MM/YY) |
| PHONE NUMBER: | | BRIEFLY SUMMERIZE YOUR MAIN DUTIES/ RESPONISBILITIES: | | |
| REASON FOR LEAVING: | | | MAY WE CONTACT THIS EMPLOYER? YES  NO | |
|  | | |  | |
| EMPLOYER NAME: (present/most recent) | | | Salary: $  PER HOUR YEAR | YOUR JOB TITLE: |
| FROM: (MM/YY) | FULL EMPLOYER ADDRESS W/ CITY, STATE ZIP: | | NAME OF SUPERVISOR/ TITLE: | |
| TO: (MM/YY) |
| PHONE NUMBER: | | BRIEFLY SUMMERIZE YOUR MAIN DUTIES/ RESPONISBILITIES: | | |
| REASON FOR LEAVING: | | | MAY WE CONTACT THIS EMPLOYER? YES  NO | |
|  | | |  | |
| EMPLOYER NAME: (present/most recent) | | | Salary: $  PER HOUR YEAR | YOUR JOB TITLE: |
| FROM: (MM/YY) | FULL EMPLOYER ADDRESS W/ CITY, STATE ZIP: | | NAME OF SUPERVISOR/ TITLE: | |
| TO: (MM/YY) |
| PHONE NUMBER: | | BRIEFLY SUMMERIZE YOUR MAIN DUTIES/ RESPONISBILITIES: | | |
| REASON FOR LEAVING: | | | MAY WE CONTACT THIS EMPLOYER? YES  NO | |
|  | | |  | |
| EMPLOYER NAME: (present/most recent) | | | Salary: $  PER HOUR YEAR | YOUR JOB TITLE: |
| FROM: (MM/YY) | FULL EMPLOYER ADDRESS W/ CITY, STATE ZIP: | | NAME OF SUPERVISOR/ TITLE: | |
| TO: (MM/YY) |
| PHONE NUMBER: | | BRIEFLY SUMMERIZE YOUR MAIN DUTIES/ RESPONISBILITIES: | | |
| REASON FOR LEAVING: | | | MAY WE CONTACT THIS EMPLOYER? YES  NO | |

**EDUCATION HISTORY**

HIGH SCHOOL

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| NAME OF SCHOOL | CITY AND STATE | | | FIELD OF STUDY | |
| DO YOU HAVE A G.E.D OR HIGH  SCHOOL DIPLOMA? YES? | NO? |  | WHICH? (CHECK ONE) | DIPLOMA | G.E.D |
| **COLLEGE OR UNIVERSITY (UNDERGRADUATE AND GRADUATE)** | | | | | |
| NAME OF SCHOOL | CITY AND STATE | | | FIELD OF STUDY | |
| NAME OF SCHOOL | CITY AND STATE | | | FIELD OF STUDY | |
| DO YOU GRADUATE YES? | NO? |  | IF YES, LIST DIPLOMAS RECEIVED: | |  |
| **OTHER SCHOOLING/VOCATIONAL TRAINING** | | | | | |
| NAME OF SCHOOL | CITY AND STATE | | | FIELD OF STUDY | |
| DO YOU GRADUATE YES? | NO? |  | IF YES, LIST DIPLOMAS RECEIVED: | |  |
| **PROFESSIONAL LICENSES/CERTIFICATIONS** | | | | | |
| CURRENT PROFESSIONAL LICENSE OR REGISTRATION? NO? | | YES? | IF "YES", INDICATE TYPE: | NUMBER: | |
| EXPIRES ON: | | | STATE ISSUED: | | |
| ARE THERE ANY RESTRICTIONS ON YOUR LICENSE?  YES?  NO? | | | IF "YES", PLEASE EXPLAIN: | | |
| **REFERENCES** | | | | | |
| ALL EMPLOYEMENT OFFERS ARE CONTINGENT UPON BEL AIR RECEIVING THREE (03) POSITIVE REFERENCES FOR EACH  APPLICANT. PLEASE PROVIDE THREE (03) PERSONAL AND/OR PROFESSIONAL REFERENCES THAT YOU AUTHORIZE US TO CONTACT. INDIVIDUALS LISTED SHOULD NOT BE RELATED TO YOU. | | | | | |
| NAME: | ADDRESS: | | YEARS KNOWN: | REFERENCE TYPE(CIRLE):  PERSONAL  PROFESSIONAL | |
| PHONE NUMBER: |
|  | | | | | |
| NAME: | ADDRESS: | | YEARS KNOWN: | REFERENCE TYPE(CIRLE):  PERSONAL  PROFESSIONAL | |
| PHONE NUMBER: |
|  | | | | | |
| NAME: | ADDRESS: | | YEARS KNOWN: | REFERENCE TYPE(CIRLE):  PERSONAL  PROFESSIONAL | |
| PHONE NUMBER: |

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| CRIMINAL BACKGROUND CHECK |
| IN ACCORDANCE WITH SENATE BILL 160, BEL AIR IS REQUIRED TO PREFORM A CRIMINAL BACKGROUND CHECK ON ALL EMPLOYEES TENDERED A CONDITIONAL JOB OFFER. |
| HAVE YOU EVER BEEN CONVICTED OF OR PLEADED "NO CONTEST" TO A CRIME? YES  NO |
| IF "YES," PROVIDE SUPPLEMENTARY INFORMATION REGUARDING THE CHARGE: |
| \*\* A CONVICTION WILL NOT NECESSARILY DISQUALIFY CANDIATES FROM EMPLOYEMENT\*\* |
| **CONSENT FOR RELEASE OF INFORMATION FOR CRIMINAL BACKGROUND CHECK** |
| I HEREBY CONSENT TO THE FULL RELEASE OF ANY INFORMATION CONCERNING CRIMINAL CONVICTIONS FROM ANY POLICE OR INVESTIGATING AGENCY TO BEL AIR CARE CENTER AS A PRECONDITION OF MY EMPLOYEMENT |
| APPLICANT SIGNATURE: |
| **PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INITIAL ONE OF THEM:** |
| 1.) I **AUTHORIZE** BEL AIR TO CONTACT ANY AND/OR ALL OF MY PERSONAL REFERENCES AND EMPLOYEMENT REFERENCES FOR FULL RELEASE OF INFORMATION PERTINENT TO MY POTENTIAL EMPLOYEMENT. |
| 2.) I **AUTHORIZE** BEL AIR TO CONTACT ANY/OR ALL OF MY PERSONAL REFERENCES AND EMPLOYEMENT  REFERENCES **EXCEPT**: |

|  |  |  |  |
| --- | --- | --- | --- |
| **MANDATORY RESIDENCE VERIFICATION FOR LAST 5 YEARS** | | | |
| STREET ADDRESS: |  | YEARS AT ADDRESS: | |
| CITY: | STATE: | ZIP: | APT # |
| STREET ADDRESS: |  | YEARS AT ADDRESS: | |
| CITY: | STATE: | ZIP: | APT # |

|  |  |
| --- | --- |
|  | APPLICANT STATEMENT |
| I ATTEST THAT THE INFORMATION PROVIDED BY ME IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND IS SUBJECT TO CONFIRMATION BY BEL AIR. | |
| APPLICANT STATEMENT: | DATE: |

REFERENCE CHECKING CONSENT AND AUTHORIZATOIN FORM

**Please read the information on this form carefully and completely.**

I have applied for employment with Bel Air Care Center and have provided information about my previous employment. I authorize Bel Air Care Center to conduct a reference check with my present and/or previous employer(s), and personal references. I understand that reference information may include, but not be limited to, verbal and written inquires or information about my employment performance, professional demeanor, rehire potential, dates of employment, salary and employment history.

My signature below authorizes my former or current employers or references to release information regarding my employment record with their organizations to provide any additional information that may be necessary for my application for employment to Bel Air Care Center, whether the information is positive or negative. I knowingly and voluntarily release all former and current employers, references, and Bel Air Care Center from any and all liability arising from their giving or receiving information about my employment history, my academic credentials or qualifications, and my suitability for employment with Bel Air Care Center.

I further authorize Bel Air Care Center to obtain feedback and references from my supervisors over the course of my employment with Bel Air Care Center. I understand that subsequent and continued employment with Bel Air Care Center may be subject to this feedback.

This form may be photocopied or reproduced as a facsimile, and these copies will be as effective as a release or consent as the original, which I sign.

Name:

Date:

Phone Number: