



SHEPHERD PREMIER

Senior Living

Shepherd Premier Senior Living

Employment Application

Date: _____

*** Please fill out completely. Use back of the application or an additional sheet for longer responses or explanations***

Full Name: _____
Last First M. I.

Address: _____
Street Address Apartment/Unit #

_____ *City State Zip Code*

Phone: _____ Email: _____

Date Available: _____ Desired Pay: \$ _____ /hr. _____

Position Applied for: _____

Are you a citizen of the United States? YES NO
If no, are you authorized to work in the U.S. YES NO

Have you ever worked for this company? YES NO

If yes, when? _____

Please summarize your Special Skills, Qualifications, Certifications, etc.:

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

Please list three professional references and let them know in advance we will be contacting them. Please do not include relatives. Your application will not be considered unless three references are provided.

Full Name: _____ **Relationship:** _____

Company: _____ **Phone:** _____

Address: _____

Full Name: _____ **Relationship:** _____

Company: _____ **Phone:** _____

Address: _____

Full Name: _____ **Relationship:** _____

Company: _____ **Phone:** _____

Address: _____

Company: _____ **Phone:** _____

Address: _____

Supervisor: _____

Job Title: _____ **Starting Salary: \$** _____ **Ending Salary :\$** _____

Responsibilities: _____

From: _____ To: _____ Reason for leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____

Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary :\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____

Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary :\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge _____

As a condition of employment, all employees must be Bondable and Insurable, Are you at least 19 years of age? YES NO

List All States and Counties of Residence and Employment for past 7 years: _____

Have you had any moving traffic violations? YES NO If yes, please describe: _____

I certify that my answers are correct and complete, and true to the best of my knowledge and belief.

I understand that the use of illegal drugs is prohibited during my employment and that additional testing for the presence of illegal drugs may be required prior to employment and randomly at any time during employment with Shepherd Residential Care Homes. I am willing to submit to drug testing to detect the use of illegal drugs.

I understand that any false or misleading information, omissions, or misrepresentations of facts in my application or interview will result in the rejection of this application or discharge at any time during my employment. I authorize Shepherd to contract with Stateline Investigations to conduct a background check to verify any of this information including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, companies, and law enforcement authorities to release any information concerning my background and hereby release all said persons, companies, and law enforcement agencies from any liability for any damage whatsoever for Issuing this information. I release Shepherd companies, Shepherd Capital, and Stateline Investigations from any liability which might result from making such investigations.

Signature: _____ Date: _____