



## EMPLOYMENT APPLICATION

Thank you for your interest in employment at The Orchard, a continuing care retirement community. Our campus offers multiple care levels for senior adults which allows for a wide variety of employment opportunities. Please check below the area(s) of our campus where you feel your skills and experience would be a great fit:

- Nursing Home
- Memory Care (Alzheimer's/Dementia Unit)
- Personal Care – assist with activities of daily living
- Housekeeping
- Food Service
- Maintenance
- Administrative / Clerical
- Private Duty Caregiver (one-on-one care for a resident)
- Driver (provide transportation for residents in facility vehicle)

**Please check all that apply, if any:**

- Certified Nurse Assistant (CNA)
- LPN
- RN

**How did you hear about us?**

- Drive by / Walk In
- Employee  
If so, who? \_\_\_\_\_
- Internet
- Magazine/Newspaper Advertisement
- Previous Employee  
If so, when & what department? \_\_\_\_\_  
\_\_\_\_\_
- Friend
- Other \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Print Name

\_\_\_\_\_ Date

**PERSONAL INFORMATION**

Name (Last, First, MI)		Social Security Number	
Street Address	Apt #	City, State	Zip
Mailing Address (if different from above)	Apt #	City, State	Zip
Cell Phone	Home Phone		Are you 18 or older?
Are you legally eligible to work in the United States of America & can you provide proper documentation?			<input type="checkbox"/> Yes <input type="checkbox"/> No

**DESIRED EMPLOYMENT**

Position Seeking	Date You Can Start	Desired Salary
Status of Work Seeking <input type="checkbox"/> Full-Time (30+ hrs/wk) <input type="checkbox"/> Part-Time (<30 hrs/wk)	What Hours Can You Work? <input type="checkbox"/> Any <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Night	Available to work Weekends? <input type="checkbox"/> YES <input type="checkbox"/> NO

**PRIOR EXPERIENCE WITH THE ORCHARD**

Have you ever applied for a job at The Orchard? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Have you ever worked on The Orchard campus before? <input type="checkbox"/> YES <input type="checkbox"/> NO	If so, when & what area?
If you have worked at The Orchard before, why did you leave?	

**DO YOU HAVE ANY FAMILY MEMBER(S) CURRENTLY WORKING AT THE ORCHARD? YES NO** (please circle)

If yes, list name(s) and their relation to you: \_\_\_\_\_

**CURRENT JOB**

Are you currently working? <input type="checkbox"/> YES <input type="checkbox"/> NO	If so, name of company
Supervisor's Name & Number	May we contact this employer?
Dates of Employment	Will you be quitting your current job or just looking for additional work?
If you are not working, how long have you been unemployed?	List any work you have done while unemployed (for example, baby sitting, sitting with family member, church work, volunteerism, etc.)

**EDUCATION**

School Level	Name/Location of School	# of Years Attended	Did you graduate?	Subjects Studied
High School				
College				
Trade, Business, On-Line School				
Post Graduate				

**WORK EXPERIENCE – start with your current or most recent employer**

Name of Employer		
Address		City / State      Zip
Start Date	Leave Date	Job Title
Supervisor's Name, Title, & Phone Number		May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO
Starting Salary or Hourly Wage		Ending/Current Salary or Hourly Wage
Tasks/Duties of Job:		
Reason for leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Terminated <input type="checkbox"/> Business Closed		
Explain Reason for leaving:		

Name of Employer		
Address		City / State      Zip
Start Date	Leave Date	Job Title
Supervisor's Name, Title, & Phone Number		May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO
Starting Salary or Hourly Wage		Ending/Current Salary or Hourly Wage
Tasks/Duties of Job:		
Reason for leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Terminated <input type="checkbox"/> Business Closed		
Explain Reason for leaving:		

Name of Employer		
Address		City / State      Zip
Start Date	Leave Date	Job Title
Supervisor's Name, Title, & Phone Number		May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO
Starting Salary or Hourly Wage		Ending/Current Salary or Hourly Wage
Tasks/Duties of Job:		
Reason for leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Terminated <input type="checkbox"/> Business Closed		
Explain Reason for leaving:		

Have you ever been convicted of a felony?    YES     NO    If Yes, please explain \_\_\_\_\_

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**PROFESSIONAL REFERENCES**

- List at least three (3)
- Must be current or previous supervisors
- **Relatives & Friends will NOT be used as references**
- Phone numbers must be accurate

	Name	Company Name & Address	Phone	Years Known
1				
2				
3				

**AUTHORIZATION**

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing unless it is in writing and signed by an authorized company representative.

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Applicant Signature

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Date