

EMPLOYMENT APPLICATION

ANDREW RESIDENCE

This application will be considered active for the position applied for 30 days after receipt by Andrew Residence. Thereafter, you must reapply if you continue to be interested in employment. Andrew Residence provides equal employment opportunities without regard to race, color, sex, religion, national origin, age, sexual orientation, non-disqualifying disability, veteran status or another protected status.

Please read carefully; answer all questions; print clearly in ink. If any additional space is required, attach additional paper. Management and professional applicants must attach a resume.

TODAY'S DATE

PERSONAL

LAST NAME	FIRST	MIDDLE	SOCIAL SECURITY NO.	
HOME STREET ADDRESS	APT	CITY	STATE	ZIP
HOME PHONE	MESSAGE PHONE	E-MAIL ADDRESS		

Are you 18 years of age or older? Yes No If under 18, can you after employment, submit a work permit? Yes No

Can you, after employment, submit certification of your legal right to work in the United States? Yes No

Have you ever been convicted of a felony? Yes No

Have you ever been convicted of a misdemeanor involving theft? Yes No

Have you ever been convicted of a misdemeanor involving abuse, neglect, or mistreatment of an individual? Yes No

If you answered yes to any of the questions above, list The convictions below.

Offense(s)	Date	Place	Disposition
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Andrew Residence will not deny employment to any applicant solely because the applicant has been convicted of a crime. Andrew Residence will however also consider the nature, date, and circumstances of the offense as well as whether it is job related.

HOW DID YOU LEARN OF THIS JOB OPENING? PLEASE BE SPECIFIC

Newspaper (which one) _____ Website (which one) _____
 Other (Job Service, School posting, etc.) _____

JOB INTEREST (Must indicate specific position for which you are applying. DO NOT indicate "open" or "any" as a desired position)

POSITION(S) DESIRED	FIRST CHOICE			SECOND CHOICE		DATE AVAILABLE	SALARY DESIRED	
WORK HOURS/SHIFT PREFERRED	FULL TIME <input type="checkbox"/> Yes <input type="checkbox"/> No	PART TIME <input type="checkbox"/> Yes <input type="checkbox"/> No	DAYS <input type="checkbox"/> Yes <input type="checkbox"/> No	EVENINGS <input type="checkbox"/> Yes <input type="checkbox"/> No	NIGHTS <input type="checkbox"/> Yes <input type="checkbox"/> No	WEEKENDS <input type="checkbox"/> Yes <input type="checkbox"/> No		

EDUCATIONAL RECORD

CIRCLE HIGHEST GRADE COMPLETED	GRADE SCHOOL AND HIGH SCHOOL										COLLEGE OR GRADUATE SCHOOL							
	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6
NAME, CITY AND STATE OF SCHOOLS ATTENDED	MAJOR FIELD					DEGREE					YR. GRAD.							
LAST HIGH SCHOOL																		
LAST COLLEGE/UNIVERSITY OR NURSING SCHOOL																		
GRADUATE, TECHNICAL OR VOCATIONAL SCHOOL																		
LIST COURSES YOU ARE NOW ENROLLED IN																		

PROFESSIONAL LICENSES/CERTIFICATIONS

TYPE	STATE ISSUED	DATE ISSUED	EXPIRES ON	NUMBER
TYPE	STATE ISSUED	DATE ISSUED	EXPIRES ON	NUMBER

PLEASE LIST JOB RELATED ORGANIZATIONS, CLUBS, PROFESSIONAL SOCIETIES, OR OTHER ASSOCIATIONS TO WHICH YOU BELONG (YOU MAY OMIT THOSE WHICH INDICATE YOUR RACE, RELIGIOUS CREED, COLOR, NATIONAL ORIGIN, SEXUAL ORIENTATION, ANCESTRY, SEX, OR DISABILITY).

SKILLS

(Typing, Computer, Medical Terminology, etc.)

This employer is subject to the provisions of Executive Order 11246, Section 402 of the Vietnam Era Veterans Readjustment Act of 1974, and Sections 503 and 504 of the Rehabilitation Act of 1973. Please contact the Director of Human Resources if you have any questions about the Company's Affirmative Action Program.

(over)

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WORK EXPERIENCE

MAY WE CONTACT YOUR PRESENT EMPLOYER? Yes No

WHAT OTHER NAME(S)
HAVE YOU WORKED UNDER?

LIST YOUR LAST OR PRESENT EMPLOYER FIRST (INCLUDING VOLUNTEER EXPERIENCE) AND ACCOUNT FOR ANY LAPSE OF TIME BETWEEN EMPLOYMENT. LIST AT LEAST THREE EMPLOYERS OR EMPLOYMENT HISTORY OF FIVE YEARS WHICHEVER IS GREATER. (USE ADDITIONAL PAPER IF NECESSARY.)

EMPLOYER	EMPLOYED FROM				
	mo.	yr.	TO	mo.	yr.
STREET ADDRESS	CITY		STATE	PHONE ()	
POSITION TITLE	WAGE OR SALARY				
	STARTING \$		FINAL \$		
SUPERVISOR'S NAME AND TITLE	PERSON(S) WE MAY CONTACT FOR REFERENCE				
BRIEFLY DESCRIBE YOUR DUTIES					
REASON FOR LEAVING					

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	mo.	yr.	TO	mo.	yr.
STREET ADDRESS	CITY		STATE	PHONE ()	
POSITION TITLE	WAGE OR SALARY				
	STARTING \$		FINAL \$		
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SUPERVISOR'S NAME AND TITLE	PERSON(S) WE MAY CONTACT FOR REFERENCE				
BRIEFLY DESCRIBE YOUR DUTIES					
REASON FOR LEAVING					

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING THIS APPLICATION FORM:

I understand that employment at Andrew Residence is at will and that either Andrew Residence or I can terminate the employment relationship at any time, for any reason, with or without notice. I further understand that neither this application nor any other communication I may receive constitutes an employment contract. I authorize Andrew Residence to contact any or all of my references and former employers listed herein and to inquire about my employment there. I release Andrew Residence and any employer or reference which is contacted from any liability arising out of such inquiry or the response to such inquiry. I certify that the statements contained herein are true to the best of my knowledge and belief. I understand that any false or misleading statement, receipt of unsatisfactory references, an unsatisfactory result of drug screening test, an unsatisfactory result of a criminal background check, or an unsatisfactory result of the prescribed physical examination which reveals that I cannot perform the essential functions of my job with or without accommodation will cause me to be ineligible for employment or result in termination.

SIGNATURE _____ DATE _____