

Magnolia House Senior Living

An Equal Opportunity Employer

Employment Application

Magnolia House Senior Living

4146 N. State Rd.

Davison, Michigan 48423

Phone: (810) 240-1257

Email: magnoliahouse6@gmail.com

PERSONAL INFORMATION

Name (Last, First, Middle Initial): _____

Address (Street): _____ Apt. No.: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone No. _____ Home Phone No. _____ Email: _____

Are you eligible for employment in the United States? Yes No

Are you over 18 years of age? Yes No Date available for employment? _____

How many days per week would you like to work? _____

Hours available: 7 AM – 3 PM M T W TR F SAT SUN (Check all available)
3 PM – 11 PM M T W TR F SAT SUN
11 PM – 7 AM M T W TR F SAT SUN

Are you available on holidays? Yes No Would you be available in emergencies or on-call? Yes No

Have you ever: Yes No If yes, please explain: _____
Been discharged, asked to resign,
or suspended by an employer? _____
Been convicted of any violation of
the law other than minor traffic
violations? _____
* * Attach additional sheets if necessary.

HIGH SCHOOL EDUCATION

High School (Name and Location): _____

Highest Grade or Year Completed: _____ Did you graduate or receive GED? Yes No

COLLEGE, UNIVERSITY, TRADE SCHOOL OR SPECIAL TRAINING

Name of School	Location	Dates of Attendance (Month/Year)		Credit Hours Earned	Course of Study	Degree / Certificate Received
		FROM	TO			

Trade School / Special Training						
Trade School / Special Training						
Your name, if different, while attending school: _____						

LICENSURE, CERTIFICATION, REGISTRATION

License, Certification or Registration	Number	Date Received	Expiration Date	State Licensing Agency

Employment Record: Beginning with your most recent employment, including military service, list and describe your work experience. If needed, attach additional sheets, using the same format as on this application. Resumes may be attached to provide additional information.

Name of employer: _____ Salary: _____

Address: _____

Your Job Title: _____ Supervisor's Name: _____ Phone: _____

From: ___/___/___ To: ___/___/___ Hours Per Week: _____ (_____)
Month Day Year Month Day Year Your name, if different during employment

Duties and Responsibilities: _____

May we contact this employer? Yes No

Reason for Leaving: _____

Name of employer: _____ Salary: _____

Address: _____

Your Job Title: _____ Supervisor's Name: _____ Phone: _____

From: ___/___/___ To: ___/___/___ Hours Per Week: _____ (_____)
Month Day Year Month Day Year Your name, if different during employment

Duties and Responsibilities: _____

May we contact this employer? Yes No

Reason for Leaving: _____

Name of employer: _____ Salary: _____

Address: _____

Your Job Title: _____ Supervisor's Name: _____ Phone: _____

From: ___/___/___ To: ___/___/___ Hours Per Week: _____ (_____)
Month Day Year Month Day Year Your name, if different during employment

Duties and Responsibilities: _____

May we contact this employer? Yes No

Reason for Leaving: _____

References: Please include at least two professional references, i.e. those who are not friends or relatives.

Name: _____

Address: _____

Phone: _____

Relationship: _____

Name: _____

Address: _____

Phone: _____

Relationship: _____

Name: _____

Address: _____

Phone: _____

Relationship: _____

Name: _____

Address: _____

Phone: _____

Relationship: _____

Other Accomplishments: Concisely summarize any specialized trainings, skills, and/or personal characteristics that may qualify you as being able to perform the position in which you are applying. Include any relevant job related accomplishments, professional distinctions, additional certifications (i.e. CPR/First Aid), or verifiable volunteer work. You may attach additional sheets if necessary.

Have you been provided with a copy of the job description for this position? Yes No

Are you capable of performing the duties of the job to which you are applying with or without reasonable accommodation? Yes No

CERTIFICATION OF RELEASE OF INFORMATION,
ACCURACY AND SCOPE OF APPLICATION

By submitting this application and any attachments, I certify that all information provided is true and accurate, and contains no willful falsification or misrepresentation. I understand that intentional falsification or misrepresentation will disqualify me from consideration of employment with Magnolia House Senior Living; and if hired is grounds for termination. I hereby authorize present and former employers, associates, schools, law enforcement agencies, military organizations, credit bureaus, and/or other persons or organizations to provide Magnolia House Senior Living with any information that may aid in determining my suitability for employment. Additionally, I release those individuals and/or organizations contacted from all liability whatsoever for issuing the requested information, and hereby waive my right to receive written notice of any such information provided. I also hereby release Magnolia House Senior Living, its affiliates and employees from any and all liability and damages for requesting, releasing and using information concerning me, my work and performance record.

I understand that in connection with the routine processing of my employment application, Magnolia House Senior Living may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics and mode of living. Upon written request from me, Magnolia House Senior Living will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act. In addition, if I am required to operate a motor vehicle in the course of my job, Magnolia House Senior Living is authorized to request a report of my driving record (MVR) and I understand that any offer of employment may be contingent upon the results of that report.

I understand that neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, policy statements, and the like as they may exist from time to time, or other practices of Magnolia House Senior Living, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of this facility, or otherwise to change in any respect the employment-at-will relationship between this facility and myself, and that relationship cannot be altered by anyone other than the Administrator of this facility.

Signature: _____ Date: _____

If you are a person with a disability, you may request any needed reasonable accommodation to participate in the application or interview process. Michigan law requires that a person with a disability or handicap requiring accommodation for employment notify the employer in writing within 182 days after the need is known.