

Employment Application
We are an equal opportunity employer. Prospective employees will receive consideration without discrimination based on race, creed, color, sex, age, national origin, disability, handicap, sexual orientation, veteran status, marital status, military status or any condition prescribed by federal, state or local law.

| Personal Information | | | | |
|--|--|--------------------------|------------------------|-------------------------|
| Name: | Fir | e# | Mid | dlo |
| | r n | 51 | MIG | die |
| Present Address: Street | Cit | y | Stat | e Zip |
| Permanent Address | | | | • |
| Street | Cit | у | Stat | e Zip |
| Home Phone: | | Alternate Phone | »: | |
| Referred By: | | Are you 18 or o | lder? Yes () or N | o () |
| | or Alien who is legally eligible for full work status if you are extended | | he U.S.? Yes () o | or No () - you will be |
| Employment Desired | | | | |
| Position Applied For: | | Date you can st | artSa | lary Desired |
| | s company before? Yes () No (| | | - |
| • | xtendicare Health and Rehabilitation | • | | |
| | endicare Health and Rehabilitation (| | • • | |
| Can you perform the essentia | al functions of the position for which | ı you are applyin | g? Yes () No (|) |
| | · | | | |
| Education | | | | |
| | Name and Location of School | # of Years Completed? | Did You Graduate? | Major Subject |
| High School | | | | |
| College | | | | |
| Trade, Business Correspondence School | | | | - |
| Professional License #: | ENSE INFORMATION l license, was it ever placed under prob | _ | | |
| If so, please describe fully th | ed of any crime or other offense other e criminal conviction(s), listing the oction(s). A conviction will not nece | nature of the offe | nse, your age at the t | • • |

Have you ever been accused or substantiated of committing abuse in Alabama or any other state? Yes () No ()

| | EMPLO | YMENT | Please give accurate, co part-time employment re present or most recent en | cord. Start with your |
|----------|---|-----------------------------------|--|-----------------------|
| | Company Name | | Telephone | |
| | Address | | () Employed - (State month an | |
| 1 | Name of Supervisor | | Salary Start | |
| II. | State Job Title and Describe You | r Work | Reason for leaving | |
| |) | | | |
| | Company Name | | Telephone () | |
| | Address | | Employed - (State month ar | nd year) _ To |
| 2 | Name of Supervisor | | Salary Start | Last |
| | State Job Title and Describe You | r Work | Reason for leaving | |
| | Company Name | | Telephone () | |
| | Address | | Employed - (State month ar | |
| 3 | Name of Supervisor | | Salary Start | |
| | State Job Title and Describe You | ır Work | Reason for leaving | |
| |) | | | |
| | Company Name | | Telephone () | |
| | Address | NI. | Employed - (State month a | _ То |
| 4 | Name of Supervisor | | Salary Start | Last |
| | State Job Title and Describe You | ur Work | Reason for leaving | |
| | <u></u> | | DO NOT CONTACT | |
| We my | contact the employers listed | | | |
| | inless you indicate those you do nt us to contact. | Employer Number(s) | Reason | |
| Explain | any gaps in employment | | | |
| Person | al References - List below | v three persons not related to yo | ou, whom you have known at | least one vear. |
| 1 013011 | Name | Phone Number | Relationship | Years Acquainted |
| 1. | | | | |
| 2. | | | | |
| 2 | | | | |

Applicant's Signature

Please read and understand this statement before signing your application:

The information I have provided in this application for employment is true, correct and complete. False, incomplete or misrepresented information of any kind will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for immediate termination of my employment.

I authorize the employer to contact and obtain information about me from previous employers, educational institutions and "references" I provided, and any other party necessary to verify the accuracy of information I disclosed in this application, a related employment resume or a personal interview. To assist in the processing of my application, I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking, and using information to evaluate my employment request and all other persons, corporations or organizations who provide information for this purpose.

This application does not constitute an employment contract. If I accept an offer of employment I understand the employer may terminate at any time, with or without cause and without prior notice, unless required by law. I understand that no one, other than an executive officer of the employer, has the authority to enter into any employment agreement with terms contrary to the foregoing and then only in writing signed by such officer.

| Applicant's Signature | | Date Signed | |
|-------------------------------------|---------------------------|----------------|--|
| In case of Emergency notify: | Phone Nu | Phone Number: | |
| DO NOT - WRI | TE BELOW THIS LINE - OFFI | CE USE ONLY | |
| Position: | Full Time: | Part Time: | |
| Department: | Shift: | | |
| Job Title: | Start Date: | Starting Rate: | |
| Interviewed By: | | | |
| INS for 1-9 completed? Yes () No (|) | | |
| Comments: | | | |