	50112 Ph Fax: 641-2	St. Grinnell, Id 1: 641-236-615 36-6154 <i>Web</i> <i>werhomes.com</i>	51 site:	
layflower Homes, IN	IC.		Date:	
mployees may be te	WE ARE AN EQUAI erminated after hiri		EMPLOYER	plete responses
l <b>ame:</b> First	Middle	Lasi	t	
Phone #				
Apt./House Number	Street	City	State Zi	0
ny other name by v				
ny other name by v	which you have bee	in known or may		ly time.
<u>.</u>				
are you at least 18 90 you have a reco buse, or have you hisdemeanor relat ny other state? Yo	ord of founded ch u ever been convi ting to motor veh	ild or dependen icted of a crime	other than a s	imple

**D**o you have knowledge of, or have you been notified that you are on a state or federal excluded provider listing? Yes \_\_\_\_ No \_\_\_\_

If driving is a job requirement, do you have a current unrestricted license for the type of vehicles to be driven? Yes \_\_\_\_\_ No \_\_\_\_\_

Date available to work:

Position Applied For:

After reviewing the functions of the job for which you are applying, are you able to perform the essential duties of the job, with or without accommodation?

Yes \_\_\_\_ No \_\_\_\_

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PREVIOUS WORK EXPERIENCE: Give employment record as completely as possible, starting with your present or last employer. Attach an additional sheet if necessary. For any unemployment or self-employed periods, show date and location.

Company:		
	End Date:	
Job title:		
Supervisor Name:		
Reason for Leaving:		
Company:		
Address:		
Start Date:	End Date:	_
Job title:		
Supervisor Name:		
Reason for Leaving:		

Company:
Address:
Start Date:End Date:
Job title:
Supervisor Name:
Reason for Leaving:
Education/Qualifications
Please list all education or specialized experience which you feel relates to the position(s) applied for such as schools, colleges, military training, certificates, accomplishments, experience, etc.
Name of Institution/Training Program:
Address:
Degree(s):
Special Achievement/Experience:
Name of Institution/Training Program:
Degree(s):
Special Achievement/Experience:
Name of Institution/Training Program:
Address:
Degree(s):
Special Achievement/Experience:

 Please state any other qualifications and/or experience you have, in addition to the above, which qualifies you for the positions(s) applied for and why you want to work for the Mayflower.

References (Other than family or employers)

Name:		
Address:		
Phone Number:		
Name:		
Address:		
Phone Number:		
Name:		
Address:		
Phone Number		

- I give Mayflower Homes permission to contact my present employer Yes \_\_\_\_ No \_\_\_\_
- I hereby give Mayflower Homes the right to make a thorough investigation of my past employment, education, and activities: and I release from all liability all persons, companies, and corporations supplying such information. I indemnify Mayflower Homes against any liability which might result from making such investigation, I understand that any false answers, statements, or implications made by me in this application or other required documents shall be considered sufficient cause for denial of employment or discharge.
- I understand you demand honesty for all employees and dishonesty may result

in discharge.

- Additionally, I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between Mayflower Homes and myself for either employment or the provision of any benefit. No promises regarding employment have been made to me and understand that no such promise or guarantee is binding upon Mayflower Homes unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that Mayflower Homes retains a similar right.
- I understand and agree that I will be subject to a pre-employment and periodic background checks which will include SING, state and federal data bases including dependent adult and child abuse data bases and those for excluded providers. I further understand my driving record may also be checked. I affirmatively give my consent for all such background or periodic checks/evaluations. I must provide proof of any applicable license or certification.
  - I agree to any lawful testing, physical or otherwise including testing for TB, and a pre-employment and/or physical. Pre-employment Drug Screening Mandatory.

Signature:			
_			
Date:			

## **\*EQUAL OPPORTUNITY EMPLOYER**

It is the policy of Mayflower Homes, Inc., doing business as Mayflower Community, to provide equal employment opportunity to all employees and applicants for employment including but not limited to, hiring, promotion, demotion, transfer, recruitment, advertising, layoff, discharge, rates of pay and selection for training without regard to race, color, creed, religion, sex, national origin, age, disability, sexual orientation or gender identity or any other category as defined by applicable law, and to make employment decisions consistent with this principle of equal employment opportunity.

## Notice: This application expires in 30 days.