

# APPLICATION FOR EMPLOYMENT

Please Print Clearly

**Chateau Retirement  
Communities**

Community: \_\_\_\_\_

Date: \_\_\_\_\_ Position: \_\_\_\_\_

## APPLICANT INFORMATION

Name: \_\_\_\_\_  
(First) (Middle) (Last)

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
(Please Include Area Code)

How did you learn of this opening? Email: \_\_\_\_\_

Walk-In

Advertisement Which one? \_\_\_\_\_

Chateau Employee Name/Facility worked at? \_\_\_\_\_

Other Please explain \_\_\_\_\_

## GENERAL INFORMATION

Please indicate the type of employment you are seeking

Full-time  Part-time  Seasonal (Holidays, summer, etc.)  On-Call

Please specify days and hours you are available to work:

Days	Hours
<input type="checkbox"/> Monday	_____/____M to ____/____M
<input type="checkbox"/> Tuesday	_____/____M to ____/____M
<input type="checkbox"/> Wednesday	_____/____M to ____/____M
<input type="checkbox"/> Thursday	_____/____M to ____/____M
<input type="checkbox"/> Friday	_____/____M to ____/____M
<input type="checkbox"/> Saturday	_____/____M to ____/____M
<input type="checkbox"/> Sunday	_____/____M to ____/____M

### Note:

Chateau Retirement Communities provides services for residents 24 hours a day, 7 days a week. While we strive to be flexible with all of our employees, we reserve the right to alter work schedules to meet our business needs and provide the highest quality of care to our residents.

**Chateau Retirement Communities is an Equal Opportunity Employer (EOE)**

When can you start? \_\_\_\_\_ Salary desired: \_\_\_\_\_

Have you ever worked for a Chateau Retirement Community?  Yes  No

If yes, list dates and location(s) of employment: \_\_\_\_\_

Previous supervisor \_\_\_\_\_ Previous position: \_\_\_\_\_

Why did you leave? \_\_\_\_\_

List any relatives now employed by Chateau Retirement Communities: \_\_\_\_\_

Have you ever been known by any other names?  Yes  No

If yes, please list: \_\_\_\_\_

If you are under 18, can you furnish a work permit?  Yes  No

Have you any convictions of violent crime and were you ever dismissed from employment due to abuse of clients or residents?  Yes  No

Have you ever been convicted of a crime (including misdemeanors) or received a verdict of anything but Not Guilty in any criminal investigation or proceeding?  Yes  No

If yes, please describe when the conviction occurred; the facts and circumstances, and any facts pertaining to rehabilitation.

*(Do not list any criminal charges for which the records have been expunged. This information will not necessarily be a bar to employment. Factors such as the age and time of the offense, seriousness and nature of the violation, any rehabilitation, and your subsequent employment history will be taken into account.)*

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## EDUCATION

	High School	College	Other
Name & Location			
Course of study			
Years completed			
Did you graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Degree or Diploma?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Degree?			
GPA?			

Please tell us about any special skills, experiences or certifications that are relevant to the position(s) you are seeking?

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## BUSINESS REFERENCES (Current or Previous Supervisor - No Personal)

*If you haven't any business references, you may use teachers, volunteer contacts, etc*

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Job title & Company: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Job title & Company: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Job title & Company: \_\_\_\_\_ Relationship: \_\_\_\_\_

# EMPLOYMENT

List all current and prior employment starting with the most recent. Attach separate pages if necessary.

May we contact your present employer?

Yes

No

1

Company Name: \_\_\_\_\_ Phone No.: (     ) \_\_\_\_\_

Address: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Title of Supervisor \_\_\_\_\_

**Employed** (month & year)

From: \_\_\_\_\_ To: \_\_\_\_\_

State job title and description of work: \_\_\_\_\_

Were you disciplined during your employment? (Counseled, suspended, discharged, etc.)  Yes  No

If yes, Please describe: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

2

Company Name: \_\_\_\_\_ Phone No.: (     ) \_\_\_\_\_

Address: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Title of Supervisor \_\_\_\_\_

**Employed** (month & year)

From: \_\_\_\_\_ To: \_\_\_\_\_

State job title and description of work: \_\_\_\_\_

Were you disciplined during your employment? (Counseled, suspended, discharged, etc.)  Yes  No

If yes, Please describe: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

3

Company Name: \_\_\_\_\_ Phone No.: (     ) \_\_\_\_\_

Address: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Title of Supervisor \_\_\_\_\_

**Employed** (month & year)

From: \_\_\_\_\_ To: \_\_\_\_\_

State job title and description of work: \_\_\_\_\_

Were you disciplined during your employment? (Counseled, suspended, discharged, etc.)  Yes  No

If yes, Please describe: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

# APPLICANT CERTIFICATION

*Please read carefully before signing*

**By my signature below, I agree to the following:**

- I understand that if I am employed by Chateau Retirement Communities, employment is “at will”, which means that employment is not for a definite period and may be terminated by either myself or Chateau Retirement Communities, in the sole discretion of either, for any reason, at any time. I understand that no one at Chateau Retirement Communities has the authority to make any different agreement except the CEO by formal agreement in writing signed by the CEO and the employee. I understand that if employed by Chateau Retirement Communities, that satisfactory completion of the introductory period will not change my status as an at will employee.
- I certify that the information contained in this application for employment is true, correct and complete and I hereby grant Chateau Retirement Communities permission to verify the information provided. I understand that the giving of false information or the failure to give complete information requested herein shall constitute grounds, among others, for rejection of my application or immediate termination in the event I am hired.
- I hereby authorize Chateau Retirement Communities to obtain from schools, former employers, or other individuals or institutions it contacts, any information in their possession regarding my employment history or qualifications for the job for which I have applied.
- I understand that none of Chateau Retirement Communities's practices or policies are to be construed as imposing any binding obligations on the company, and that they are subject to change or deletion at any time.
- I understand that if employed by Chateau Retirement Communities, I will be required within three (3) business days of my date of hire to complete an I-9 form and provide Chateau Retirement Communities with a document or documents that establish my identity and eligibility to work in the United States.
- I understand that Chateau Retirement Communities is a drug-free work environment and that if hired, I will uphold all policies, both written and verbal, regarding this effort.

\_\_\_\_\_  
*Authorized Signature of Applicant*

\_\_\_\_\_  
*Date*

**Reviewed By:**

\_\_\_\_\_  
*Staff Reviewers Signature*

on

\_\_\_\_\_  
*Date*