



**MY House Senior Living**  
 1818 E Southern Ave., Ste 18B  
 Mesa, AZ 85204  
 480-222-4100  
 480-222-4123 Fax

## Application For Employment

*We are an Equal Opportunity Employer. We do not discriminate on the basis of race, color, religion, gender, national origin, age, ancestry, marital status, parental status, military discharge status, source of income, sexual orientation, citizenship, disability, or any other legally protected status.*

### Personal Information:

|   |  |                                    |
|---|--|------------------------------------|
| Last name   |  |                                    |
| First name  |  |                                    |
| Middle name   |  |                                    |
| Present Address   |  |                                    |
| City, State, Zip  |  |                                    |
| Permanent address, if different from above  |  |                                    |
| City, State, Zip  |  |                                    |
| Telephone numbers   |  |                                    |
| Social Security Number  |  |                                    |
| Date of Application   |  |                                    |
| Have you ever used another last name in which your education or employment records are filed? | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                    |
| If yes, please explain:   |  |                                    |
| Are you legally eligible for employment in the United States?                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No | <b><u>Date of Birth:</u></b> _____ |
| If you are under 18 years of age, can you furnish a work permit if required?                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                    |

### Employment Desired:

|   |  |  |
|---|--|--|
| Position(s) Desired   |  |  |
| Date You Can Start  |  |  |
| If hired, will you be able to work during the normal days and hours required for the position(s) for which you are applying?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| If not, please explain:   |  |  |
| Are you currently employed?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| If so, may we contact your present employer?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| Have you, since age 18, been <u>convicted</u> of a misdemeanor or felony, other than minor traffic violations?<br>(Conviction will not necessarily disqualify an applicant for employment.)<br><b>YOU NEED NOT DISCLOSE ANY SEALED OR EXPUNGED RECORDS OF CONVICTIONS OR ARRESTS.</b> | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| If yes, provide dates and explain:  |  |  |

**Education:**

|                                       |  |
|---------------------------------------|--|
| <b><i>High School</i></b>             |  |
| Name and Location                     |  |
| Years Completed                       |  |
| Diploma/Degree                        |  |
| Describe Course of Study              |  |
| Describe any honors you have received |  |

|  |  |
|--|--|
| <b><i>Undergraduate<br/>College/University</i></b> |  |
| Name and Location                                  |  |
| Years Completed                                    |  |
| Diploma/Degree                                     |  |
| Describe Course of Study                           |  |
| Describe any honors you have received              |  |

|  |  |
|--|--|
| <b><i>Graduate/Professional<br/>School</i></b> |  |
| Name and Location                              |  |
| Years Completed                                |  |
| Diploma/Degree                                 |  |
| Describe Course of Study                       |  |
| Describe any honors you have received          |  |

|  |
|--|
| Please describe below any specialized training, apprenticeship, licenses, certification and skills, including the date(s): |
|  |
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|  |

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| Please indicate any activities (including relevant volunteer experiences), which you would like us to consider the evaluation of your application for this position. |
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|  |

**REFERENCES:**

Applicants may be required to provide names, telephone numbers and addresses of professional references. Furthermore, applicants may be asked to release the reference in connection with furnishing personal employment information.

**Employment Experience**

|                    |  |                         |  |
|--------------------|--|-------------------------|--|
| Employer           |  |                         |  |
| Address            |  |                         |  |
| Telephone number   |  |                         |  |
| Job title          |  |                         |  |
| Supervisor         |  |                         |  |
| Date employed from |  | Last date of employment |  |
| Work performed     |  |                         |  |
| Reason for leaving |  |                         |  |



|                    |  |                         |  |
|--------------------|--|-------------------------|--|
| Employer           |  |                         |  |
| Address            |  |                         |  |
| Telephone number   |  |                         |  |
| Job title          |  |                         |  |
| Supervisor         |  |                         |  |
| Date employed from |  | Last date of employment |  |
| Work performed     |  |                         |  |
| Reason for leaving |  |                         |  |



|                    |  |                         |  |
|--------------------|--|-------------------------|--|
| Employer           |  |                         |  |
| Address            |  |                         |  |
| Telephone number   |  |                         |  |
| Job title          |  |                         |  |
| Supervisor         |  |                         |  |
| Date employed from |  | Last date of employment |  |
| Work performed     |  |                         |  |
| Reason for leaving |  |                         |  |



|                    |  |                         |  |
|--------------------|--|-------------------------|--|
| Employer           |  |                         |  |
| Address            |  |                         |  |
| Telephone number   |  |                         |  |
| Job title          |  |                         |  |
| Supervisor         |  |                         |  |
| Date employed from |  | Last date of employment |  |
| Work performed     |  |                         |  |
| Reason for leaving |  |                         |  |



|  |
|--|
| <p>Please add any additional statements you would like us to know in consideration of your application for employment:</p> |
| <br><br><br><br><br><br><br><br><br><br>   |

## **APPLICANT'S STATEMENT**

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge employee at any time - with or without cause or notice. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such a change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the employer.

Signature of applicant

Date