

EMPLOYMENT APPLICATION



Thank you for your interest in our company. BrightSpace Senior Living is an Equal Opportunity Employer, and all qualified Applicants will receive consideration for employment without regard to race, color, religion, gender, national origin, age, citizenship, disability or any other basis of discrimination prohibited by applicable law. Unrequested information provided on application voids application.

All Applicants are required to complete an Application even if a resume is attached. Thank you for your cooperation.

Position applied for _____ Hours desired: Full-time Part-time
 Date available for work _____ Days available: M T W Th F Sat Sun
 Date of Application _____

Personal	
Name _____	Home Phone (_____) _____
Address _____	Work Phone (_____) _____
City / State / Zip _____	Cell Phone (_____) _____
E-mail (home) _____	

Education & Training	Institution	City/State	Degree Earned
1. _____	_____	_____	_____
2. _____	_____	_____	_____
	Licenses or Certifications	License #	State
1. _____	_____	_____	Expiration Date
2. _____	_____	_____	_____
List other work-related skills or qualifications you believe will help you perform this job. _____			

General
Have you ever worked or filed an application at this location? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list dates and explain: _____
Have you been convicted of, pled guilty or pled "no contest" to any felonies or misdemeanors? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain. (Answering "yes" will not necessarily result in disqualification for employment consideration.) _____
Has a professional license held ever been revoked, surrendered or suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain. _____
Will you submit to a drug test, background check and physical exam (if required) as part of the employment process? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you worked under other names in the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list names _____
Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, you may be required to provide work authorization.
Can you perform the essential functions of this job with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No If you have any questions about the essential functions of the job, please ask the interviewer before answering question.
Can you meet the attendance requirements of this job? <input type="checkbox"/> Yes <input type="checkbox"/> No
Can you travel if the job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No (NOTE: Federal Law requires proof of U.S. citizenship or valid alien work authorization upon employment.)
Do you know anyone who works for our company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, whom? _____
How did you learn of this position? <input type="checkbox"/> Internet <input type="checkbox"/> Associate <input type="checkbox"/> Job Fair <input type="checkbox"/> Other _____



YOUR WORK HISTORY

Please attach list of other employers as needed

Dates of Employment
From ____ / ____ / ____
To Current

Current Employer _____
Address _____ City _____ State _____ Zip _____
Phone (____) _____ Job Title _____
Supervisor's name and title _____
Starting rate of pay \$ _____ Current Rate of Pay \$ _____

Dates of Employment
From ____ / ____ / ____
To ____ / ____ / ____

Employer _____
Address _____ City _____ State _____ Zip _____
Phone (____) _____ Job Title _____
Supervisor's name, title, work phone _____
Reason for leaving _____
Starting rate of pay \$ _____ Ending Rate of Pay \$ _____

Dates of Employment
From ____ / ____ / ____
To ____ / ____ / ____

Employer _____
Address _____ City _____ State _____ Zip _____
Phone (____) _____ Job Title _____
Supervisor's name, title, work phone _____
Reason for leaving _____
Starting rate of pay \$ _____ Ending Rate of Pay \$ _____

YOUR REFERENCES

Relationship <i>(i.e., Supervisor)</i>	Name & Job Title	Company	Home Phone	Work Phone	Cell Phone
			(____) _____	(____) _____	(____) _____
			(____) _____	(____) _____	(____) _____
			(____) _____	(____) _____	(____) _____

CERTIFICATION

I hereby certify that the facts set forth in this employment application (and accompanying resume, if applicable) are true and complete to the best of my knowledge, and I agree and understand that any misrepresentation of information or failure to disclose information on this employment application may disqualify me from further consideration for employment, and if employed, may subject me to termination.

If I am offered employment, I understand I may be required to submit to a physical screening designed to determine whether I am able, with or without reasonable accommodation, to perform the essential functions of the job offered, as specified by the company and/or state, and that employment is subject to passing the screening. I further understand that any misrepresentation of information or failure to disclose information at the time of my physical may result in employment disqualification or dismissal.

I understand that in connection with my application for employment, I will be subject to a complete background check to determine my suitability for employment. I authorize BrightSpace Senior Living to obtain reference information on my work performance. I hereby release BrightSpace Senior Living from any and all liability at any time which could result from obtaining and making an employment decision based on such information.

Finally, in the event I am employed, I understand I am required to abide by all company rules and regulations as a condition of employment. I also acknowledge this application is not a contract of employment and nothing herein should reasonably be construed as such. I do acknowledge that if employed, my employment will be "at will" meaning either BrightSpace Senior Living or I may terminate the employment relationship at any time with or without cause.

Signature _____

Date _____