

THE RIDGES OF LODI EMPLOYMENT APPLICATION

**PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE**

Job code _____

PLEASE COMPLETE PAGES 1 through 4 DATE _____

Name _____

Last
First
Middle
Maiden

Present address _____

Number
Street
City
State
Zip

How long _____ Social Security No. _____ - _____ - _____

Telephone (____) _____ Cell _____

If under 18, please list age _____

Position applied for (1) _____
 and salary desired (2) _____
 (Be specific)

Are there any shifts you CANNOT work? _____
 If so, which one and why?

How many hours can you work weekly? _____ Have you worked nights before? _____

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

What date available for work? _____

Education

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

I understand that a complete background check will be made from the information given in this application for employment with The Ridges of Lodi

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Work Experience

Have you ever worked with elderly people? <input type="checkbox"/> Yes <input type="checkbox"/> No	<div style="border: 1px solid black; padding: 2px;">Specialty Jobs</div>	In what job? _____ _____ _____
What was most rewarding? _____ _____ _____		

Do you have any physical limitations to lifting? _____

Please list the past 5 years of employment with most recent first

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates From To	Pay or salary Start Final
Your last job title			
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates From To	Pay or salary Start Final
Your Last Job Title			
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Please use a separate piece of paper if necessary to complete 5 years of work history

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Please read carefully before signing

I understand that (1) The Ridges of Lodi has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy.

I further understand that my employment with The Ridges of Lodi shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with The Ridges of Lodi is terminable at will for any reason by either party.

Signature of applicant _____ Date: _____

Signature of Parent or Guardian if under 18 _____ Date _____

The Ridges of Lodi is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in The Ridges of Lodi.

May we contact your present employer? Yes No

Did you complete this application yourself Yes No

If not, who did? _____

POST EMPLOYMENT INFORMATION

TO BE COMPLETED **AFTER** EMPLOYEE HAS BEEN HIRED

Birth date _____ Hobbies _____

Married Yes No

Full name of significant other _____ Occupation _____

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

Name _____ Telephone () _____

Address _____ Relationship _____

Date of employment _____ Job title _____ Dept. _____

Rate of pay _____ Full-time Part-time Salaried amount \$ _____

Drug test confirmation number _____

Name of person verifying information _____

Name of person authorizing employment _____ Date _____