

Senior Wellness & Independence, LLC Application for Employment

Pre-employment Questionnaire

Equal Opportunity Employer

Personal Information

Date

| | | | | |
|------------------------------------|----------------------------|--------------|---------------------|-----------------|
| Name (Last, First, Middle initial) | | | Social Security No. | |
| Present Address | City | <u>State</u> | | <u>Zip Code</u> |
| <u>Permanent Address</u> | <u>City</u> | <u>State</u> | | <u>Zip Code</u> |
| <u>Phone No.</u> | <u>Secondary Phone No.</u> | | <u>Referred By</u> | |

Employment Desired

| | | |
|---|--|---|
| <u>Position</u> | <u>Date you can start</u> | <u>Salary Desired</u> |
| <u>Are you employed now?</u> | <u>Is so, may we inquire of your present employer?</u> | <u>Are you legally authorized to work in the U.S?</u> |
| <u>Ever applied to this company before?</u> | <u>Where</u> | <u>When</u> |
| <u>Ever worked for this company before?</u> | <u>Where</u> | <u>When</u> |
| <u>Reason for leaving</u> | | |

Education History

| | Name & Location of School | Years Attended | Did you Graduate? | Subjects Studied |
|--|--|---------------------------|------------------------------|-----------------------------|
| High School | | | | |
| College | | | | |
| Trade, Business, or Correspondence School | | | | |

General Information

| |
|---|
| Subject of Special Study/Research Work |
| |
| Special Training, Certifications, Licenses |
| |
| Special Skills, Foreign Languages, Etc. |
| |

Military Service Record

| | |
|---|--------------------------|
| Have you Ever Served in the U.S. Armed Forces? | Branch of Service |
| Discharge Date | Rank |

Former Employers (List below Last Three Employers, Starting with the most Recent)

Name of Present or Last employer:

Address City State Zip

Starting Date Leaving Date Job Title

Starting Salary Final Salary May we Contact

Name of Supervisor Title Phone

Description of Work

Reason for Leaving

Name of Previous employer:

Address City State Zip

Starting Date Leaving Date Job Title

Starting Salary Final Salary May we Contact

Name of Supervisor Title Phone

Description of Work

Reason for Leaving

Name of Previous employer:

Address City State Zip

Starting Date Leaving Date Job Title

Starting Salary Final Salary May we Contact

Name of Supervisor Title Phone

Description of Work

Reason for Leaving

References (List Professional References Whom we may Contact)

| Name | Address | Business | Phone |
|------|---------|----------|-------|
| | | | |
| | | | |
| | | | |

Authorization

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

Date

Signature