

Legacy Place Application for Employment

Please mail application to: Legacy Place

220 Field Crossing Drive

Highland, IL 62249

Attention: Michelle Jackson

PERSONAL INFORMATION

Date: _____

Name: _____ S.S. Number: _____
(Last) (M.I.) (First)

Present Address: _____
(Street) (City) (State) (Zip)

Permanent Address: _____
(Street) (City) (State) (Zip)

Primary Phone Number: _____ Other Phone Number: _____

EMPLOYMENT DESIRED

Position: _____ Shift(s): (please circle) 7A-3P, 3P-11P, 11P-9A, Floater, F.T., P.T., M.- F., Weekends

Cook, Dining Room Aide, Housekeeping, Resident Assistant, Other _____

Date you can start: _____ Salary Desired _____ Are you employed now? ____ May we inquire there? _____

Have you ever applied for employment with Legacy Place? _____ When? _____

How did you find out about the position? _____

EDUCATION	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTEN-DED	*DID YOU GRAD -	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE OR BUSINESS SCHOOLS - CERTIFICATIONS				

GENERAL

Have you ever been convicted of a crime, including a sexual offense? _____

Subjects of special study or special skills: _____

Activities: _____

FORMER EMPLOYERS (List below last four employers beginning with **most recent employer first.**)

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

Which of these jobs did you like best? _____

What did you like most about this job? _____

REFERENCES: Give the names of three persons **not related to you**, whom you have known at least one year.

NAME	PHONE NUMBER	HOW YOU ARE AQUATINTED	# OF YRS.
1.			
2.			
3.			

In case of an emergency please notify: _____
(Name) (Relationship)

_____ (Address) (Phone Number)

"I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am in consideration of my employment may be terminated at any time.

In consideration of my employment, I agree to conform to the company's rules and regulations and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company. I understand that no company representative, other than it's president, and then only when in writing and signed by the president, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing."

 (Date) (Signature)

DO NOT WRITE BELOW THIS LINE: Interviewed by: _____ Date: _____

Salary wage: _____ Availability: _____ Shift(s): _____

Appearance: _____ Experience: _____

Remarks: _____

T-Shirt: Size _____ How many? _____ Employee Initials _____ Date: _____