



Shepherd Premier Senior Living

Employment Application

Date: _____

****Please fill out this application completely.****

Full Name: _____ Date of Birth: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Date Available: _____ Social Security No.: _____ Desired Pay: \$ _____ /hr

Position Applied for: _____ Driver's License Number & State: _____

How were you referred to us: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO If yes, explain: _____

Please summarize your Special Skills,
Qualifications, Certifications, etc:

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Please list three professional references and let them know in advance we will be contacting them. Please do not include relatives. Your application will not be considered unless three references are provided.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

As a condition of employment, all employees must be Bondable and Insurable. Are you at least 19 years of age?

Yes No

List ALL States and Counties of Residence and Employment for the past 7 years:

Have you had any moving traffic violations? Yes No If yes, please describe: _____

Have you EVER been charged or convicted of a felony and/or a misdemeanor or served time?

Yes No If yes, please describe the incident, city & state and charge in full: _____

Have you EVER been accused, charged, or convicted of any form of abuse, neglect, or theft? Yes No

If yes, please explain in detail: _____

Have you ever been a charged perpetrator or appeared on any sex offender or child abuse registry in the last 5 years?

I certify that my answers are correct and complete, and true to the best of my knowledge and belief.

I understand that the use of illegal drugs is prohibited during my employment and that additional testing for the presence of illegal drugs may be required prior to employment and randomly at any time during employment with Shepherd Residential Care Homes. I am willing to submit to drug testing to detect the use of illegal drugs.

I understand that any false or misleading information, omissions, or misrepresentations of facts in my application or interview will result in the rejection of this application or discharge at any time during my employment. I authorize Shepherd to contract with Stateline Investigations to conduct a background check to verify any of this information including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, companies, and law enforcement authorities to release any information concerning my background and hereby release all said persons, companies, and law enforcement agencies from any liability for any damage whatsoever for issuing this information. I release Shepherd companies, Shepherd Capital, and Stateline Investigations from any liability which might result from making such investigations.

Signature: _____ Date: _____

(Do not sign your application at this time. Applications are signed physically during the interview process.)