



# EMPLOYMENT APPLICATION

Hubbard Hill is an equal opportunity employer.

- DIRECTIONS**
- Type or print
  - If you need additional space, attach a supplemental sheet
  - Sign the completed application

## GENERAL

NAME (LAST) (FIRST) (MIDDLE) DATE OF APPLICATION

PRESENT ADDRESS (STREET, CITY, STATE, ZIP CODE) PHONE NO. - DAY ( )

E-MAIL ADDRESS ALTERNATE PHONE NO. ( )

HAVE YOU PREVIOUSLY WORKED FOR HUBBARD HILL?	DATES OF EMPLOYMENT	DEPARTMENT	POSITION	SUPERVISOR	NAME, IF DIFFERENT
<input type="checkbox"/> YES <input type="checkbox"/> NO					

IF HIRED, CAN YOU PROVIDE PROOF OF CITIZENSHIP OR LEGAL RIGHT TO WORK?  YES  NO

HAVE YOU EVER BEEN CONVICTED OF ANY CRIMINAL OFFENSE OTHER THAN MINOR TRAFFIC VIOLATIONS? \_\_\_\_\_ IF SO, PLEASE EXPLAIN. A CRIMINAL CONVICTION WILL BE CONSIDERED ONLY IN RELATION TO THE JOB FOR WHICH YOU ARE APPLYING. SERIOUSNESS AND NATURE OF THE OFFENSE, TIME ELAPSED, AND REHABILITATION WILL BE TAKEN INTO ACCOUNT.

## POSITION

T YPE OF POSITION APPLYING FOR \_\_\_\_\_ SOURCE OF REFERRAL \_\_\_\_\_

DATE AVAILABLE	POSITION DESIRED	SPECIFY SHIFT AND/OR NUMBER OF HOURS PER DAY	SALARY EXPECTED \$ _____
<input type="checkbox"/>	FULL-TIME REGULAR		
<input type="checkbox"/>	TEMPORARY		
<input type="checkbox"/>	PART-TIME REGULAR		

## EMPLOYMENT RECORD

**Please note that the Employment Record, Education & Training and References sections need to be completed, even if a resume is attached.**

START DATE	END DATE	FINAL POSITION TITLE	FINAL SALARY	MAY WE CONTACT THIS EMPLOYER?
				YES <input type="checkbox"/> NO <input type="checkbox"/>

EMPLOYER LAST SUPERVISOR'S NAME REASON FOR LEAVING

STREET ADDRESS, CITY, STATE, ZIP CODE PHONE( )

POSITION DESCRIPTION

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START DATE	END DATE	FINAL POSITION TITLE	FINAL SALARY	MAY WE CONTACT THIS EMPLOYER?
				YES <input type="checkbox"/> NO <input type="checkbox"/>
EMPLOYER		LAST SUPERVISOR'S NAME		REASON FOR LEAVING

STREET ADDRESS, CITY, STATE, ZIP CODE

PHONE( )

POSITION DESCRIPTION

START DATE	END DATE	FINAL POSITION TITLE	FINAL SALARY	MAY WE CONTACT THIS EMPLOYER?
				YES <input type="checkbox"/> NO <input type="checkbox"/>
EMPLOYER		LAST SUPERVISOR'S NAME		REASON FOR LEAVING

STREET ADDRESS, CITY, STATE, ZIP CODE

PHONE( )

POSITION DESCRIPTION

**EDUCATION AND TRAINING**

<u>NAME OF SCHOOL</u>	MAJOR SUBJECT
CITY & STATE	DEGREE OR DIPLOMA
<u>NAME OF SCHOOL</u>	MAJOR SUBJECT
CITY & STATE	DEGREE OR DIPLOMA
<u>NAME OF SCHOOL</u>	MAJOR SUBJECT
CITY & STATE	DEGREE OR DIPLOMA

OTHER TRAINING:

LIST LICENSES, FOREIGN LANGUAGES, COMPUTER, DATA/WORD PROCESSING, OFFICE EQUIPMENT, TYPING, SHORTHAND, OR OTHER SKILLS & TRAINING YOU CONSIDER RELEVANT TO EMPLOYMENT AT HUBBARD HILL.

PROFESSIONAL ORGANIZATIONS, ASSOCIATIONS, HONORS, CERTIFICATIONS, PROFESSIONAL LICENSES AND PUBLICATIONS YOU CONSIDER SIGNIFICANT. PLEASE INDICATE THE PROFESSIONAL LICENSE NUMBER AND STATE OF ISSUANCE

**REFERENCES** List three references, other than relatives or personal friends, who have knowledge of your work experience and/or education. People who have supervised you are preferred.

NAME/TITLE MAILING ADDRESS PHONE

NAME/TITLE MAILING ADDRESS PHONE

NAME/TITLE MAILING ADDRESS PHONE

**AUTHORIZATION** Application must be signed.

I hereby authorize investigation of all statements contained in this application and on my resume, if provided. I certify that such statements are true, and understand that misrepresentation or omission of facts called for in this form, or on any resume provided by me, is cause for termination of employment without notice. I also agree: (1) to such examination by a Hubbard Hill-designated physician as may be required, employment being contingent on the satisfactory passing thereof, and such future physical examinations as may be required by Hubbard Hill Estates, Inc. at such times and places as the organization shall designate; (2) if employed, to abide by all regulations of Hubbard Hill Estates Retirement Community and any special agreements reached between Hubbard Hill Estates Incorporated and me; (3) that Hubbard Hill Estates Retirement Community provides care 24 hours per day, 365 days per year which may necessitate scheduling changes as directed by my department head or Administrator due to emergency conditions or business need that requires me to work a different shift than the one for which I am applying, and that weekend and holiday scheduling may be necessary; (4) that, if I am hired, my employment will be at-will and may be terminated with or without cause and with or without notice at any time; (5) to release from liability or responsibility Hubbard Hill Estates, Inc, all persons, organizations, companies and corporations collecting and supplying information regarding me and the information that I submit with this application and in my interview, whether or not it is in their records; (6) that this application will become inactive after ninety (90) days; (7) that acceptance of this application does not imply that I will be employed, nor does it indicate that positions are available; (8) this application or any offer of employment from Hubbard Hill Estates, Inc. does not constitute an employment contract unless a specific document is executed, in writing, by Hubbard Hill Estates, Inc. and me; (9) that Hubbard Hill Estates, Inc. may conduct a limited criminal background check; and (10) that any act or suit against Hubbard Hill Estates, Inc. arising out of my employment or termination of employment, including, but not limited to, claims arising under State or Federal civil rights statutes, must be brought within 180 days of the event giving rise to the claims or be forever barred, and I waive any limitation period to the contrary.

**Hubbard Hill Estates has a drug free workplace policy. I understand that if offered a position with Hubbard Hill, I may be required to submit to pre-employment drug screening. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests will result in withdrawal of any employment offer or termination of employment if already employed.**

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the forgoing Applicant Statement.

Date \_\_\_\_\_ Signature \_\_\_\_\_

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify the Human Resources Department.

Employment is contingent upon furnishing evidence of identity and employment eligibility.