



NORTHBAY APPLICATION FOR EMPLOYMENT

Human Resources:

11 Horseshoe Point Lane
North East, MD 21901
Fax: (443)967-0501

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

PERSONAL INFORMATION

NAME: _____ Date of Application _____
First Middle Last

ADDRESS _____ Social Security Number _____
City State Zip Code ()

Have you worked under any other names? _____ Home Telephone Number _____
First Middle Last

OCCUPATIONAL OBJECTIVES

Position applied for: _____ Salary/Wage Required _____

Shifts Available: Day Afternoon Evening Night Weekends

Full-time Part-time Seasonal/Temporary Student Program When can you start? _____

What is your occupational goal?

PLEASE ANSWER THE FOLLOWING:

Referral Source: Newspaper advertisement Name of paper: _____
 Employee School Relative Resident Jobline Other (please explain)

Name of Source (if applicable) or Explain Other: _____

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever been sanctioned by the Office of the Inspector General for fraud, abuse or any other reason? Yes No

If yes, please explain: _____

Have you been convicted of a felony within the last 7 years? Yes No

(Such conviction may be relevant if job related, but does not bar you from employment.)

If yes, please explain: _____

Have you applied at any Erickson Retirement Communities before? Yes No Interviewed: Yes No

If applicable: Job Applied for: _____ Date of Interview: _____

Have you ever been employed at Erickson Retirement Communities? Yes No

If yes, please give dates: From _____ To _____ and Campus/Job Title _____

Do you have any relatives in our employ? Yes No If yes, please provide name(s): _____

Do you have any scheduling limitations? Yes No If yes, please explain: _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

(Proof of U. S. Citizenship or immigration status will be required upon employment.)

If offered a position, do you agree to submit to a drug screen? Yes No

EDUCATIONAL BACKGROUND

	Name/Address of School	Course of Study	Years Completed	Diploma/Degree
High School				
College				
Other				
<small>SKILLS/QUALIFICATIONS/LICENSES/CERTIFICATIONS (Please summarize any special training, skills, licenses, and/or certificates that you have which may qualify you as being able to perform job-related functions for the position for which you are applying):</small>				

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer Name	Dates Employed From: To:	Summarize the nature of work performed and responsibilities:
Address	Starting Wage	
Job Title	Ending Wage	
Reason for Leaving		
Supervisor	Telephone No.	May we contact for reference? Yes <input type="checkbox"/> No <input type="checkbox"/> Later <input type="checkbox"/>
Employer Name	Dates Employed From: To:	Summarize the nature of work performed and responsibilities:
Address	Starting Wage	
Job Title	Ending Wage	
Reason for Leaving		
Supervisor	Telephone No.	May we contact for reference? Yes <input type="checkbox"/> No <input type="checkbox"/> Later <input type="checkbox"/>
Employer Name	Dates Employed From: To:	Summarize the nature of work performed and responsibilities:
Address	Starting Wage	
Job Title	Ending Wage	
Reason for Leaving		
Supervisor	Telephone No.	May we contact for reference? Yes <input type="checkbox"/> No <input type="checkbox"/> Later <input type="checkbox"/>

I have not been asked, nor have I requested, to submit to a lie detector or polygraph test. I am signing this statement of my own free will to conform to the requirements of the laws of the State of Maryland. The requirements read: "AN EMPLOYER MAY NOT REQUIRE OR DEMAND ANY APPLICANT FOR EMPLOYMENT OR PROSPECTIVE EMPLOYMENT OR ANY EMPLOYEE TO SUBMIT TO OR TAKE A POLYGRAPH, LIE DETECTOR, OR SIMILAR TEST OR EXAMINATION AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. ANY EMPLOYER WHO VIOLATES THIS PROVISION IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE."

Date: _____ Signed: _____

I agree to conform to the rules and regulations of this company. I understand that my employment maybe terminated at any time for any reason at the option of either myself or the company. I hereby affirm the information on this application is true and complete. I understand that any false or misleading representations or omissions may disqualify me from further consideration for employment and may result in discharge even if discovered at a later date. I further understand that a criminal background check may be part of the verification process and that all employment history information may be checked.

Date: _____ Signed: _____

AN EQUAL OPPORTUNITY EMPLOYER

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