



**EMPLOYMENT HISTORY**

**LIST BELOW YOUR FOUR MOST RECENT EMPLOYERS, BEGINNING WITH THE CURRENT OR MOST RECENT ONE.**  
PLEASE LIST IF YOU WERE EMPLOYED UNDER A NICKNAME OR OTHER NAME(S): \_\_\_\_\_.  
**DO NOT WRITE, "SEE RESUME" IN THE SPACES BELOW INSTEAD OF COMPLETING THE FOLLOWING EMPLOYMENT INFORMATION. IF PRESENTLY EMPLOYED, MAY WE CONTACT YOUR EMPLOYER?  YES  NO**

IF PRESENTLY EMPLOYED, WHY ARE YOU CONSIDERING LEAVING? \_\_\_\_\_

COMPANY NAME \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

POSITION HELD \_\_\_\_\_ DUTIES \_\_\_\_\_

SUPERVISOR \_\_\_\_\_ HIRE DATE \_\_\_\_\_ LEAVE DATE \_\_\_\_\_

PAY AT LEAVING \$ \_\_\_\_\_/HOUR WHY DID YOU LEAVE? (Please provide details) \_\_\_\_\_

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COMPANY NAME \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

POSITION HELD \_\_\_\_\_ DUTIES \_\_\_\_\_

SUPERVISOR \_\_\_\_\_ HIRE DATE \_\_\_\_\_ LEAVE DATE \_\_\_\_\_

PAY AT LEAVING \$ \_\_\_\_\_/HOUR WHY DID YOU LEAVE? (Please provide details) \_\_\_\_\_

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COMPANY NAME \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

POSITION HELD \_\_\_\_\_ DUTIES \_\_\_\_\_

SUPERVISOR \_\_\_\_\_ HIRE DATE \_\_\_\_\_ LEAVE DATE \_\_\_\_\_

PAY AT LEAVING \$ \_\_\_\_\_/HOUR WHY DID YOU LEAVE? (Please provide details) \_\_\_\_\_

\*\*\*\*\*

COMPANY NAME \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

POSITION HELD \_\_\_\_\_ DUTIES \_\_\_\_\_

SUPERVISOR \_\_\_\_\_ HIRE DATE \_\_\_\_\_ LEAVE DATE \_\_\_\_\_

PAY AT LEAVING \$ \_\_\_\_\_/HOUR WHY DID YOU LEAVE? (Please provide details) \_\_\_\_\_

## PROFESSIONAL REFERENCES

List any professional, trade groups or organizations that you consider relevant to your ability to perform this job (you need not disclose membership in professional organizations that may reveal information regarding race, color, creed, sex, religion, national origin, ancestry, age, disability, marital status, veteran status, or any other protected class). \_\_\_\_\_

List three professional references (co-workers, instructors, neighbors, etc, **DO NOT** include any family relatives):

Name	City	Personal Phone #	Years Known

Special licensure if applicable to the position you are applying for (include license number) \_\_\_\_\_

Nursing applicants only: Is there any reason you would be denied a Class II fingerprint clearance?      Yes      No

Additional information FVT should know: \_\_\_\_\_

**I understand:**

That completing this application does not constitute an offer of employment and that my application may be rejected for any reason, that giving false or misleading information on this form or in an interview is grounds for denial or immediate termination of employment; that if I sustain any injury or illness while in the employment of this organization, I agree that this organization shall be entitled to receive full and complete reports and records covering any medical or related examinations, and I authorize any and all such doctors, medical examiners, and hospitals to give to this organization full and complete reports and records covering such examinations, condition, care, and treatment related to or resulting from the alleged illness or injury.

**Authorization to Release Information:**

I hereby certify that the facts set forth in the employment application are true and complete to the best of my knowledge. If I am given a conditional offer, I authorize this organization to make a complete investigation of me, including but not limited to, my past employment history, medical history, scholastic record, criminal activity, motor vehicle driving records and workers' compensation history, and to rely on such information sources. I authorize all persons and organizations to release any information concerning my background and hereby release all persons and organizations from liability for any damage whatsoever for issuing this information. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. Upon written request from me, the company will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I understand that the use of illegal drugs is prohibited during employment. If employment policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and/or during employment.

**I understand that this employment application and any other employee-related documents are not contracts of employment; and that any individual who is hired may voluntarily leave employment upon proper notice, and may be terminated by the employer at any time and for any reason. I understand that any oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon by any prospective or existing employee.**

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_



## PRE-EMPLOYMENT DRUG SCREENING CONSENT FORM

### *Acknowledgment of Receipt and Understanding*

I understand that all applicants who have received an "offer to hire" from Friendship Village Tempe, are required, as a condition of employment, to take a drug screening test.

I consent freely and voluntarily to the Company's request for a sample for the purpose of determining the presence of illegal drugs or other controlled substances.

I further understand that either failure to submit a sample or if analysis reveals the presence of drugs or other controlled substances, the offer to hire is immediately and wholly revoked and I will be disqualified from any further employment consideration.

I hold harmless the Company, its officers, agents, employees, shareholders, directors and volunteers as well as the testing agency from any claims I may have against any or all of them arising out of the drug screening test and its use to determine whether I may be employed by the Company.

I have read this form in full and understand the above statements and that the offer to hire is contingent upon the conditions set forth herein.

Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_

Social Security: \_\_\_\_\_

Date: \_\_\_\_\_

# Friendship Village

## CONSUMER REPORT NOTICE AND WRITTEN AUTHORIZATION INVESTIGATIVE CONSUMER REPORT DISCLOSURE

**Friendship Village** may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report". I hereby authorize the Company or any agent of the company to contact any and all corporations, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county and federal courts and military services to release information about my background including, but not limited to, information about my employment, education, consumer credit history, driving record, criminal record, and general public records history, to the person or company with which this form has been filed. This releases the aforesaid parties from any liability and responsibility for collecting the above information. This release shall remain in effect for the length of my employment. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. The report will be generated by PDQ Legal Services (15876 N. 76<sup>th</sup> St., Ste. 110, Scottsdale, AZ 85260, (480-556-6660). I understand that this information may be transmitted electronically and authorize such transmission.

**New York applicants or employees only:** You have the right to inspect and receive a copy of any investigative consumer report requested by Employer by contacting the consumer reporting agency identified above directly.

**California applicants or employees only:** By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please enter your email address below:

\_\_\_\_\_ if you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Company at no charge.

**Minnesota and Oklahoma applicants or employees only:** Please enter your email address below:

\_\_\_\_\_ if you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Company at no charge.

I believe to the best of my knowledge that all information I have provided is accurate, true, and correct, and I fully understand the terms of this authorization.

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Last Name (**PRINT CLEARLY**)

\_\_\_\_\_  
First Name (**PRINT CLEARLY**)

\_\_\_\_\_  
Middle Name (**PRINT CLEARLY**)

OTHER NAMES USED \_\_\_\_\_, \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street Address City/State Zip code

List other cities or towns you have lived in the past 7 years. Use additional form if necessary.

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Dates \_\_\_\_/\_\_\_\_/ to \_\_\_\_/\_\_\_\_.

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Dates \_\_\_\_/\_\_\_\_/ to \_\_\_\_/\_\_\_\_.

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
State of Issue / Expiration