



AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT APPLICATION

This company does not require a pre-employment medical examination, but does reserve the right to require a medical examination after an offer of employment is made to an applicant. All offers of employment are conditioned upon the passing of a drug test for the purpose of detecting the use of drugs, a TB test for the purpose of detecting Tuberculosis and a **Criminal Background check which is required per state regulations for this facility(KRS 216.793)**. Also, if an employment offer is made you may be asked to complete a medical questionnaire. Medical examinations and answers to medical inquiries will be maintained on separate forms, and will be treated as confidential medical records. An applicant will not be excluded from employment unless they have medical conditions that prohibit their ability to perform the essential job functions of the position be he or she desires to work with the Company. The Company will make reasonable accommodations to aid handicapped applicants or employees in fulfillment of essential job functions. Written job descriptions are available and will be furnished to applicant upon employment.

PERSONAL

Last Name Number	First	Middle	Social Security
---------------------	-------	--------	-----------------

Street Address (____) _____	Phone No.
	Other No. (____) _____

City, State, Zip	Position Applied For
------------------	----------------------

An Assisted Living Facility



STERLING

Meadows
EXCEPTIONAL LIVING

Have you ever applied for employment or been previously employed by this company?
YES___ NO___ Referred By:

If Yes Location, Month and Year.

Have you been convicted of a felony? YES___NO___

If Yes, Please Explain:

Are you legally eligible for employment in the United States?
YES___NO___

Wage Expected (You must record a dollar figure:
\$_____PER_____

Age, if under 18 years old _____

Will you work overtime or shift work? YES___NO___

Date Available:_____

REFERENCES

List two persons familiar with your work record and/or abilities - Do Not Include Relatives

NAME	ADDRESS/PHONE	OCCUPATION	YEARS
KNOWN			

An Assisted Living Facility



STERLING

Meadows

EXCEPTIONAL LIVING

EDUCATION

DEGREE	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	YEARS COMPLETED	DID YOU GRADUATE	DIPLOMA
HIGH SCHOOL					
COLLEGE					
VOCATIONAL TRADE SCHOOL					

JOB RELATED SKILLS AND REQUIREMENTS: _____

Do you have a valid driver's license? YES ___ NO ___ Driver's License Number _____

Type of Driver's License: _____ State: _____

Do you hold any occupational licenses, certificates or registration with any state, county or municipality?
YES ___ NO ___

If YES, please list the license number(s), date(s) of license(s) and location of issue:

An Assisted Living Facility



Do you understand that mandatory drug testing is required? YES ___ NO ___
 Do you understand that a mandatory TB test is required? YES ___ NO ___
 Have you been given a job description or had the
 essential functions of the job explained to you? YES ___ NO ___
 Do you understand the essential functions? YES ___ NO ___
 Can you perform the requirements of this job with or
 without reasonable accommodations? YES ___ NO ___
 Have you had safety training for Assisted Living? YES ___
 NO ___

If YES
 Describe: _____

EMPLOYMENT HISTORY

MOST RECENT EMPLOYER

Are you currently working for this employer? YES ___ NO ___
 If yes, may we contact them? YES ___ NO ___

 Company Name City State () Phone Number

Date: TO FROM Job Title Supervisors Name

Duties: _____

Salary _____ PER HR/WK Reason for leaving _____

Benefits
Received: _____

An Assisted Living Facility



SECOND MOST RECENT EMPLOYER

Company Name _____ City _____ State _____ (_____) Phone Number _____

Date: TO _____ FROM _____ Job Title _____ Supervisors Name _____

Duties: _____
-

Salary _____ PER HR/WK Reason for leaving _____

Benefits
Received: _____

THIRD MOST RECENT EMPLOYER

Company Name _____ City _____ State _____ (_____) Phone Number _____

Date: TO _____ FROM _____ Job Title _____ Supervisors Name _____

Duties: _____

Salary	PER	HR/WK	Reason for leaving
--------	-----	-------	--------------------

Benefits
Received: _____

An Assisted Living Facility



***SPECIAL EMPLOYMENT NOTICE TO DISABLED VETERANS, VIETNAM ERA VETERANS, AND INDIVIDUALS WITH PHYSICAL OR MENTAL HANDICAPS.**

Government contractors are subject to Section 402 of the Vietnam Era Veterans Re-adjustment Act of 1974, which requires they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and Section 503, of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals. Additionally, this Company complies with the Americans Disabilities Act and is willing to make reasonable accommodations to aid the employment of handicapped or disabled applicants.

Although, you are not required to disclose information about physical or mental limitations that you believe will not interfere with you capability to do the job, if you want this Company to consider special arrangement to accommodate a physical or mental impairment, you may identify that impairment in the space provided below and suggest the kind of accommodations that you believe would be appropriate.

If you are a disabled veteran, or have a physical handicap, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodations to enable you to perform the job in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect any consideration you may receive for employment.

If you wish to be identified, please sign below:

___Handicapped/Disabled Individual ___Disabled Veteran ___Vietnam Era Veteran

Accommodations Requested:

Signed: _____ Date _____



Read the following conditions. If you have any questions regarding the conditions, you should ask for an explanation or clarification from the employment interviewer. Signify your understanding and specific acceptance of each condition by your signature in the space provided at the end of the conditions.

I hereby authorize Sterling Meadows, LLC to investigate any and all statements contained in this application. FOR THIS TYPE OF EMPLOYEMENT STATE LAW REQUIRES A CRIMINAL BACK GROUND CHECK AND AN ADULT ABUSE AND NEGLECT BACKGROUND CHECK AS A CONDITION OF EMPLOYMENT. I hereby consent to Sterling Meadows, LLC conducting any checks concerning my background, which are deemed necessary, advisable, or helpful by the company (except contacting my current employer, unless permission is granted above). I understand that if hired, I will receive a copy of Sterling Meadows, LLC's rules and regulations and the company policies, including its drug policy, CPR Policy, Adult Abuse/Neglect/Exploitation Policy, Communicable disease policy, Assistance with Self-Administration of Medications Policy. I will read and understand the rules, regulations, and policies: and I acknowledge that I will be required to abide by them. I understand that I may be required to submit to a medical examination, if I am advised of a favorable employment decision. I hereby consent to such medical examination, and will fully cooperate with any required examination. I understand and agree that if this application results in employment, my employment can be terminated with or without cause and with or without notice, at any time, at the option of either Sterling Meadows or myself. I understand that no manager or representative of Sterling Meadows, LLC has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing. I understand that due to the critical nature of the business I am required to get a TB Test and hereby authorize results to be released to Sterling Meadows, LLC.

I Certify and guarantee that all statements made on this application are true and complete to the best of my knowledge and without mental reservations. I understand that falsification of this application may result in my not being considered for employment or, in the event I become employed by Sterling Meadows, LLC in my dismissal.

Signature of Applicant

Today's Date

Birth Date

An Assisted Living Facility