



LARKSFIELD
 • P L A C E •
a community for living

**A Smoke Free
 Drug Free
 No-Lift
 Work Place**

**An Equal
 Opportunity
 Employer**

EMPLOYMENT APPLICATION
 Preplacement Test May Be Required

Name (First) (Middle) (Last)			Date
Name on Social Security Card			Social Security Number
Present address (number and street)		(City)	(State) (ZIP)
Home Phone: ()	Business or message phone: ()	Best time to call:	
Position desired:		Shift preference: <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd Days available: Su Mo Tu We Th Fr Sa	
Starting salary desired:	When will you be available to start work?	Type of work desired: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> On-call	
How were you referred to us? <input type="checkbox"/> Agency <input type="checkbox"/> Newspaper <input type="checkbox"/> Internet <input type="checkbox"/> Walk In <input type="checkbox"/> Employee			If referred by employee, give his or her name:
Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will you work overtime if needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever applied with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give date:	
Are you a Veteran of U.S. Armed Forces: <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you worked for us before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give dates:	
Are you legally eligible for employment in this country? Proof of right to work in the U.S. will be required upon employment. <input type="checkbox"/> Yes <input type="checkbox"/> No			
(Failure to disclose this information will be considered falsification of an application and job offers will not be made or will be withdrawn) Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give details:			Are you 18 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No

List names of educational institutions you attended relevant to the position you are seeking.

High School/Location	Course of study or degree	Grade completed: <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12
College/Location		Grade completed: <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16
Trade School, Business or Other College		
Certifications (i.e. RN, LPN, CNA, HHA, etc.)	Certificate Number	Certificate Expiration Date

NOTE: Nursing applicants must provide a copy of license and/or certification if contacted for an interview.

Begin with your present or most recent position, include military experience. **Do NOT substitute a resume for this section.**

Name of employer		Type of business	
Address		Phone ()	Dates employed / / To / /
Starting title	Last title		Wage or salary Start Final
Name of supervisor		Reason for leaving	
Brief description of duties			

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Brief description of duties			

May we contact your present employer? Yes No

May we contact you at work? Yes No Best time to call you at work? _____ Phone Number: _____

ADMINISTRATIVE SKILLS AND EXPERIENCE

Indicate words per minute where appropriate:

Type of Experience	Years of training Or experience	Where	Type of Experience	Years of training Or experience	Where
Filing			Receptionist		
Typing			Human Resources		
Word Processing			Payroll		
Spreadsheets			Accounts Receivable		
Calculator/Ten Key			Accounts Payable		

SPECIALIZED SKILLS AND EXPERIENCE

Type of Experience	Years of training Or experience	Where	Type of Experience	Years of training Or experience	Where
Dishwasher			Certified Nurse Aide		
Server			Certified Med. Aide		
Host/Hostess			Home Health Aide		
Cook			Registered Nurse		
Laundry			Lic. Practical Nurse		
Housekeeper			Activity Assistant		
Groundskeeper			Fitness Specialist		
Maintenance Worker			Social Worker		
Security			Unit Clerk		

List management type positions held: _____

State any additional information you may feel helpful in considering your application including memberships in professional societies, organizations, and volunteer activities: _____

PROFESSIONAL REFERENCES

List three professional references (**not relatives or friends**) whom you have worked with or been associated with for at least three years through job, school or volunteer work.

Name	Address	Telephone	Years Acquainted
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PLEASE READ THIS STATEMENT CAREFULLY BEFORE SIGNING

As an equal opportunity employer, Larksfield Place abides by all applicable non-discrimination laws and will not unlawfully discriminate against any employee or applicant for employment based on race, color, age, sex, religion, marital status, national origin, ancestry, genetic information, disability, veteran or Vietnam era veteran or any other unlawful reason.

In signing and submitting this *Employment Application* to Larksfield Place, I clearly understand and agree:

Just as I am free to resign at any time, the company reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no supervisor or representative of the company, except the President, has any authority to make any agreements to the contrary.

If, in the event of employment, I fail to return any company property, which I may check out, I hereby authorize Larksfield Place to deduct from my wages due me, at the time, the value of such property. I also agree to furnish the personal tools customarily required for my job.

If employed, I agree to abide by the rules, regulations and policies of the company now in force or that may be established in the future, and I agree to conduct myself in accordance with them, with full knowledge that violation may mean discipline, up to and including discharge. I also agree to devote my full time to the best interest of the company.

If I am given a conditional offer of employment, prior to my final acceptance of employment and for the purposes of this application or for the purpose of a medical examination after I am employed, I agree to furnish a doctor's statement regarding any condition I may have AND I authorize any doctor with whom I have consulted previously or which I may consult in the future in a physician-patient relationship to release and convey any information to Larksfield Place relative to such consultation or treatment. Where a medical examination is required, I understand that my final acceptance and job placement is based upon my passing the examination. I agree to abide by the Company's Substance Abuse Policy.

A conviction record will not necessarily be a bar to employment, and factors such as age and time of the offense, the seriousness and nature of the violation, and the applicant's rehabilitation will be considered in the hiring decision.

I hereby affirm that the information provided in this application (and accompanying resume, if any) is true and complete to the best of my knowledge and I agree that misrepresentation, falsified information, or significant omissions including the failure to list all past employers for the previous five years may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I authorize Larksfield Place or its Representatives to conduct an investigation into my background for the purpose of determining if I meet the qualifications to be employed at Larksfield Place.

I authorize the persons, schools, current and past employers (if applicable) and organizations named in this application (and accompanying resume, if any) to provide Larksfield Place with any and all information concerning my previous employment and any information they may have, personal or otherwise, and I release all such parties from all liability for any damage or claim that may result from furnishing such information to Larksfield Place. A photo static copy of this Authorization shall be considered as effective and valid as the original.

Unsigned, incomplete or illegible applications will not be considered.

Applicant's
Signature _____ Date _____

I hereby affirm that I have assisted the applicant in the completion of this application for employment.

Preparer's
Signature _____ Date _____

HUMAN RESOURCE DEPARTMENT USE ONLY

Date Hired _____ Date to start _____ Dept. # _____ Employee Number _____

Job Classification _____ Rate of pay _____ Shift _____ Status _____

Interviewed by 1 _____ 2 _____
Supervisor Human Resources

I acknowledge the Company has offered me the above employment position. I understand this offer of employment is conditional on my taking and passing the Company Substance Abuse Screen (drug test), Physical Examination and Background Investigation.

Acceptance by Applicant _____ Date _____

I, the undersigned parent or guardian of the above applicant, who is under the age of 18, hereby consent and give my approval for the applicant to participate in all pre-employment testing and pre-employment qualification procedures, including but not limited to the Company Substance Abuse Screen (drug test), Physical Examination, Background Investigation and Tuberculosis Testing. In the event the applicant becomes an employee of Larksfield Place, I further consent to and give my approval for the employee to participate in any and all other testing and/or examinations required by Larksfield Place as well as any emergency medical treatment that might be required in the event of an accident leading to injury on the job.

Parent or Guardian _____ Date _____

**CONSUMER
NOTIFICATION
AND RELEASE**



7373 E. 29th Street North
Wichita, KS 67226
Office: 316 636 1000
Fax: 316 636 5790

The purpose of this form is to notify you that a consumer report will be run on you in the course of consideration for employment.

**FORM MUST BE COMPLETED IN ITS ENTIRETY BEFORE APPLICANT WILL BE CONSIDERED FOR
EMPLOYMENT**

(Please Print or Type Neatly)

Last Name _____ First Name _____ Middle Name/Initial _____

PLEASE LIST ANY OTHER NAME OR NAMES PREVIOUSLY USED IN LAST SEVEN (7) YEARS:

Last Name _____ First Name _____ Middle Name/Initial _____

Last Name _____ First Name _____ Middle Name/Initial _____

Social Security Number _____ Previously Used Social Security Number _____

Driver's License Number _____ State Of Issue _____ Date Of Birth _____

Previous Driver's License Number _____ State Of Issue _____

PLEASE LIST EACH ADDRESS OF RECORD FOR THE PAST SEVEN (7) YEARS:

Present Address _____ City _____ State _____ Zip Code _____

Previous Address _____ City _____ State _____ Zip Code _____

Previous Address _____ City _____ State _____ Zip Code _____

Previous Address _____ City _____ State _____ Zip Code _____

PLEASE LIST FORMER EMPLOYERS:

Employers Name	Address	Dates Employed
_____	_____	_____
_____	_____	_____

***HAVE YOU EVER BEEN CONVICTED OF A CRIME?** Yes No

IF YES, PLEASE EXPLAIN: _____

*A conviction will not necessarily disqualify an applicant from employment.

In connection with this request, I authorize all corporations, former employers, credit agencies, educational institutions, law enforcement agencies, city, state and federal courts, military services and persons to release information they may have about me to the person or company with which this form has been filed, or their agent, Intellicom Services Corporation. This releases the aforesaid parties from any liability and responsibility for collecting the above information.

I authorize the procurement of my worker's compensation files from any state. I also authorize a consumer credit report to be obtained on me. I understand that these files may contain negative information about my background, mode of living, character, and personal reputation. This authorization, in original or copy form, shall be valid for this and any future reports or updates that may be requested.

Applicant's Signature _____ Date _____