

# BPM Senior Living Co.

## Application for Employment

*(Please Print)*

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religious persuasion, marital status, political belief, disability that does not prohibit performance of essential job functions or any other class protected by local, state or federal law.

**Date of Application:** \_\_\_\_\_

**Position Applied For:** \_\_\_\_\_

### I. Personal Information

Name: Last First Middle

Present Address

Mailing Address (if different than above)

Social Security Number

Telephone

Message Phone

**Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination.**

1. Are you eligible to work in the United States? ( ) Yes ( ) No
2. Is there any information we would need about your name or use of another name for us to be able to check your work record? Please specify:  
\_\_\_\_\_  
\_\_\_\_\_

3. Do you have any relatives, friends or acquaintances who are presently employed by the Company? ( ) Yes ( ) No

If yes, please include name of employee \_\_\_\_\_

4. How were you referred to (Company)? \_\_\_\_\_

5. Have you ever been convicted of a felony? ( ) Yes ( ) No If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

## II. Educational History

Please circle the highest level of education completed.

Grade 1 2 3 4 5 6 7 8 9 10 11 12 GED College 1 2 3 4 + Graduate School 1 2 3 4 +

Please list all that apply School Name/Location Years Completed Degree/Diploma

High School \_\_\_\_\_

College \_\_\_\_\_

Tech. Training \_\_\_\_\_

Other \_\_\_\_\_

## III. Employment Record *Please include all employment for the last five years.*

1. \_\_\_\_\_  
 Company Name (Current or Most Recent Employer) Position Held  
 \_\_\_\_\_  
 Address Dates Employed: \_\_\_\_\_  
 From To  
 \_\_\_\_\_  
 Manager / Supervisor Telephone Wage/Salary  
 \_\_\_\_\_  
 Reason For Leaving

2. \_\_\_\_\_  
 Company Name Position Held  
 \_\_\_\_\_  
 Address Dates Employed: \_\_\_\_\_  
 From To  
 \_\_\_\_\_  
 Manager / Supervisor Telephone Wage/Salary  
 \_\_\_\_\_  
 Reason For Leaving

3. \_\_\_\_\_  
 Company Name Position Held  
 \_\_\_\_\_  
 Address Dates Employed: \_\_\_\_\_  
 From To  
 \_\_\_\_\_  
 Manager / Supervisor Telephone Wage/Salary  
 \_\_\_\_\_  
 Reason For Leaving

**NOTE:** Use a separate sheet to list additional employers, if necessary . We will contact all of the employers listed on this application unless you specifically exclude them below. Please list any employers you do not want us to contact and your reason for the exclusion:

\_\_\_\_\_  
 (Employer's Name) Reason

\_\_\_\_\_  
 (Employer's Name) Reason

**IV. References** *Please include at least one former supervisor and do not include relatives.*

1. \_\_\_\_\_  
 Name \_\_\_\_\_ Years Known \_\_\_\_\_  
 \_\_\_\_\_  
 Address \_\_\_\_\_ Telephone \_\_\_\_\_  
 \_\_\_\_\_  
 Occupation \_\_\_\_\_

2. \_\_\_\_\_  
 Name \_\_\_\_\_ Years Known \_\_\_\_\_  
 \_\_\_\_\_  
 Address \_\_\_\_\_ Telephone \_\_\_\_\_  
 \_\_\_\_\_  
 Occupation \_\_\_\_\_

3. \_\_\_\_\_  
 Name \_\_\_\_\_ Years Known \_\_\_\_\_  
 \_\_\_\_\_  
 Address \_\_\_\_\_ Telephone \_\_\_\_\_  
 \_\_\_\_\_  
 Occupation \_\_\_\_\_

**V. Work Availability**

1. If your application receives favorable consideration, when will you be available to begin work?  
 \_\_\_\_\_
2. Are you available to work overtime? ( ) Yes ( ) No
3. Can you work overtime without prior notice? ( ) Yes ( ) No
4. Can you travel if required by this position? ( ) Yes ( ) No
5. Do you have a valid driver's license (if required)? ( ) Yes ( ) No State \_\_\_\_ # \_\_\_\_\_
6. What days and shifts are you available to work? Check all that apply.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Days							
Evenings							
Nights							

**VI. Salary / Hourly Rate Requirements**

If your application receives favorable consideration, what salary/hourly rate would you require?

\$ \_\_\_\_\_ per \_\_\_\_\_

# BPM Senior Living Co.

Please read this section carefully and acknowledge your understanding by signing below.

## **1.Falsification Statement**

I understand that any falsification or willful omission of fact made in this application (and accompanying resume, if any) or in connection with any background investigation may be sufficient grounds for rejection of this application, or, if discovered after an offer of employment, for immediate dismissal.

## **2.Employment “At Will”**

In consideration of my employment, I agree to conform to the rules and regulations of BPM Senior Living Co. My employment and compensation are “at will” in that they can be terminated with or without cause, and with or without notice, at any time, at the option of either BPM Senior Living Co. or myself, except as otherwise provided by law. I understand that no manager or representative of BPM Senior Living Co., other than the President of BPM Senior Living Co., has authority to enter into any agreement for employment for any specified period of time or to make any agreement or contract to the foregoing, and the any promises to the contrary will only be relied upon by me if they are in writing and signed by the President of BPM Senior Living Co.

## **3.Cooperation with Investigation**

I agree to fully cooperate in BPM Senior Living Co.’s background investigation, and to sign any waivers, or releases that may be necessary to obtain access to relevant information. In the event that any former employer or federal, state or local governmental agency will not release reference information or criminal history information directly to the employer, I agree to personally request such information to the extent permitted by law.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date