

APPLICATION FOR AT-WILL EMPLOYMENT

SENIOR Solutions is an equal opportunity employer and will not discriminate against any applicant on the basis of any characteristic that is protected by state or federal law.

SENIOR SOLUTIONS IS AN AT-WILL EMPLOYER, MEANING THAT EITHER THE EMPLOYER OR EMPLOYEE CAN END THE EMPLOYMENT RELATIONSHIP AT ANY TIME AND FOR ANY OR NO REASON.

Position Applied For: _____ Date of Application: _____

Date You Can Start: _____

Please note that this application will only remain active for six months, after which the applicant will need to reapply.

Name: _____ Social Security #: _____
Last First Middle

Present Address: _____
Street City State Zip

Permanent Address: _____
Street City State Zip

Telephone #: Home (_____) _____ Work (_____) _____

Are you 18 years or older? Yes No

Are there any hours or days of the week you cannot work? Yes No
If so, when? _____

Salary Desired _____

Type of Employment: Full-time Part-time

Are you employed now? Yes No
May we contact your present employer? Yes No

Did you ever apply to this SENIOR Solutions before? Yes No Where? _____

Under what name? _____ When? _____

EDUCATION:

	NAME AND ADDRESS OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECT/ MAJOR
Elementary School				
High School				
College				
Specialized Training				

Are you lawfully entitled to be employed in the United States? Yes No

Have you ever been charged or convicted of a crime except a minor traffic violation? Yes No

{This question pertains only to charges or convictions that have not been sealed or expunged}.

If so, please state citation, date and place where offense occurred: _____

Please provide any additional information such as special skills, training, management experience, equipment operation, or qualifications you feel will be helpful to us in considering your application:

REFERENCES: Three Individuals Not Related To You, Whom You Have Known For At Least One Year.

NAME	ADDRESS & TELEPHONE	RELATIONSHIP	YEARS ACQUAINTED

Emergency Contact _____
 Name/Street/City/State/Telephone

CURRENT AND FORMER EMPLOYERS: (Most Recent One First)

DATE MONTH/ YEAR	NAME, ADDRESS & TELEPHONE NO. OF EMPLOYER	SALARY: STARTING/ ENDING	LAST POSITIO HELD/ RESPONSIBILITIES	REASON FOR LEAVING
From: To:				
From: To:				
From: To:				
From: To:				
From: To:				

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Please read the following statement carefully before signing to indicate your understanding:

