

LEISURE GARDENS INC.

6 DEWBERRY DRIVE
PRESQUE ISLE, ME 04769
(207) 764-7322

EMPLOYMENT APPLICATION

Leisure Gardens Inc. is an equal opportunity/affirmative action employer. All qualified applicants will be considered without regard to age, race, color, sex, religion, nation origin, marital status, ancestry, citizenship, veteran status, sexual orientation or preference, or physical or mental disability.

Office Use Only:

Date Application Received: _____

Contact Dates: _____

Date of Applicant Interview: _____

Notes: _____

PERSONAL

Last Name	First	Initial	Social Security #
Other Name(s) Used			Home Telephone #
Address			Business or Cellular #
Position Applied For		Referred By	Salary Desired
Do You Want: <input type="checkbox"/> Full Time (30-40Hrs./Wk.) <input type="checkbox"/> Casual Part Time (0-16Hrs./Wk.) <input type="checkbox"/> Part Time (16-30Hrs./Wk.)			
Shifts Desired		What days are you unavailable for work	
Have you ever interviewed with Leisure Gardens Inc., Presque Isle Nursing Home, or Caribou Nursing Home before? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, list date(s), job title(s) & location(s):
Have you ever been employed by Leisure Gardens Inc., Presque Isle Nursing Home, or Caribou Nursing Home before? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, list date(s), job title(s) & location(s):
Have you had any relatives employed by Leisure Gardens Inc., Presque Isle Nursing Home, or Caribou Nursing Home before? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, list date(s), job title(s) & location(s):
Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No		If under 18, do you have a work permit?	
Have you been disciplined for or had any problems (including attendance & safety issues) in your prior jobs? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain:			

EDUCATION

Circle Highest Grade Completed:

High School	9	10	11	12
College, Trade or Business	1	2	3	4

Graduate Studies

School	Address	Major Studies	Degree, Diploma, License or Certificate
High School			
College/University			
Vocational, Business, Other			
PSS Certified <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Received		

EMPLOYMENT HISTORY

List all employment for the past 10 years, starting with the most recent position. All information must be completed. You may attach a resume, but not in place of completing the required information.

Employed From / /	Employer Name	Supervisor Name	Starting Salary
Employed Until / /	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason For Leaving	
Duties & Responsibilities			

Employed From / /	Employer Name	Supervisor Name	Starting Salary
Employed Until / /	Employer Address	Supervisor Phone #	Ending Salary
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Employed From / /	Employer Name	Supervisor Name	Starting Salary
Employed Until / /	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason For Leaving	
Duties & Responsibilities			

GENERAL

YES	NO	
		May we contact your current employer for references?
		If hired, will you be able to work overtime?
		Will you be able to perform the essential job functions for the position you are applying for with or without reasonable accommodation?
		Have you ever been convicted of a crime, excluding misdemeanors and summary offenses, which have not been annulled, expunged or sealed by court? (A yes response does not automatically disqualify your application)

CERTIFICATION & AUTHORIZATION

The above information is true and correct. I understand that, in the event of my employment by Leisure Gardens Inc., I shall be subject to dismissal if any information that I have given in this application is false or misleading, or if I have failed to give any information herein requested, regardless of the time elapsed after discovery.

I authorize Leisure Gardens Inc. to inquire into my educational, professional and past employment history, and references, as needed to research my qualifications for this position. I hereby give my consent to any former employer to provide employment-related information about me to Leisure Gardens, Inc., and will hold Leisure Gardens Inc. and my former employer harmless from any claim made on the basis that such information about me was provided, or that any employment decision was made, on the basis of such information.

I understand that nothing in this employment application, the granting of an interview, or my subsequent employment with Leisure Gardens Inc., is intended to create an employment contract between myself and Leisure Gardens Inc. under which my employment could be terminated only for cause. On the contrary, I understand and agree that, if hired, my employment will be terminable at will and may be terminated by me or Leisure Gardens Inc. at any time and for any reason. I understand that no person has any authority to enter into any agreement contrary to the foregoing.

If employed, I will be required to provide original documents which verify my identity and right to work in the United States under the Immigration Reform and Control Act (IRCA) of 1986. The document(s) provided will be used for completion of Form I-9.

I hereby acknowledge that I have read and agree to the above statements.

Signature

Date

**Leisure Gardens Inc.
Applicant Questionnaire**

1. WHAT DID YOU LIKE BEST ABOUT YOUR LAST JOB?

2. WHAT DID YOU LIKE LEAST ABOUT YOUR LAST JOB?

3. DURING YOUR PAST WORK EXPERIENCES, DID YOU EVER FIND ANYTHING THAT WAS UNSAFE? _____ HOW DID YOU NOTICE IT? _____

4. HAVE YOU EVER WORKED A NIGHT SHIFT? _____ IF YES, DID THIS POSE ANY PROBLEMS? _____

5. TELL ME ABOUT A TIME OR INCIDENT THAT YOU WERE NOT PLEASED WITH YOUR PERFORMANCE:

6. HAVE YOU EVER HAD A DIFFERENCE OF OPINION WITH YOUR BOSS IN REGARDS TO A PERFORMANCE EVALUATION?

HOW DID YOU RESOLVE THIS DIFFERENCE?

7. I'M ABLE TO WORK FROM ____ AM/PM TO ____ AM/PM WITHOUT INTERRUPTION. DETAILS _____

8. WE ALL HAVE TAKEN SHORTCUTS TO GET THE WORK DONE ON TIME. EXPLAIN ONE SHORTCUT YOU HAD TO MAKE IN YOUR LAST JOB TO GET SOMETHING DONE IN A TIMELY MANNER:

To be completed and signed by the employer

PAY RATE \$ _____

SPECIAL CONDITIONS _____

SHIFT DAY _____ EVENING _____ NIGHT _____