

ARCADIA Communities[®]

GENERAL INFORMATION

Name	Last:	First:	MI:	SSI#:
Address	Street:	City:	State:	Zip Code:
How long at address listed above? _____ years _____ months			Home telephone: ()	
Applying for what position?			Salary/Wage expected:	
Applying for: <input type="checkbox"/> full time <input type="checkbox"/> part time <input type="checkbox"/> 1 st shift <input type="checkbox"/> 2 nd shift <input type="checkbox"/> 3 rd shift			Are you willing to work any day shift(s), including nights, or overtime as assigned? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever worked for Arcadia Communities before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:				
Are you age 18 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, do you have a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No If hired, can you provide proof that you are eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			Referral Source: <input type="checkbox"/> Advertising <input type="checkbox"/> Job Posting <input type="checkbox"/> Agency <input type="checkbox"/> School <input type="checkbox"/> Employee <input type="checkbox"/> Walk-in <input type="checkbox"/> Job Fair <input type="checkbox"/> New Acquisition <input type="checkbox"/> Other	
Have you ever been convicted of a criminal offense? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No Are there any felony charges pending against you? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes to either question, provide details including nature of the crime, dates and location:			For this type of employment, State Law requires a criminal record check as a condition of employment pursuant to KRS216.793(1).	
In order to verify your records, please list any other name(s) (i.e. maiden(by which you may have been known:				

EDUCATION & TRAINING INFORMATION

	School/Location	Degree	Course/Major
High School:			
College(s):			
Graduate School:			
Business/Vocation:			
Apprentice training or other course:			

LICENSES, CERTIFICATES, OR PROFESSIONAL MEMBERSHIPS:
(Do not include your driver's license)

REFERENCES Give the names of three persons to be used as work related references.

Name	Address	Phone#	Occupation	Years Acquainted

EMPLOYMENT HISTORY (Please begin with your most recent employer. Attach additional sheets if necessary.)

1. Employer:	Hire Date:	Termination Date:
Address:	Phone Number: ()	
Your job title:	Supervisor:	
Starting Pay Rate: \$ Final Pay Rate: \$	May we contact your employer: __Yes __No	
Describe work performed:	Reason for leaving:	
2. Employer:	Hire Date:	Termination Date:
Address:	Phone Number: ()	
Your job title:	Supervisor:	
Starting Pay Rate: \$ Final Pay Rate: \$	May we contact your employer: __Yes __No	
Describe work performed:	Reason for leaving:	
3. Employer:	Hire Date:	Termination Date:
Address:	Phone Number: ()	
Your job title:	Supervisor:	
Starting Pay Rate: \$ Final Pay Rate: \$	May we contact your employer: __Yes __No	
Describe work performed:	Reason for leaving:	

MILITARY INFORMATION

Service branch:	Final Rank:	Specialty:
Schools/special training received:		
Current obligations:		

CERTIFICATION & AGREEMENT

I authorize the release to Arcadia Communities (and/or any of its licensed agents) of information held by any parties regarding my previous employment, criminal history record and/or record of convictions in state and local files for violations of any federal, state, local statutes or ordinances, military records, medical records, credit history, driving record and scholastic records and hereby release said persons, schools, companies, government agencies, court and law enforcement authorities from any damage whatsoever for releasing this information.

I certify that all the information I have provided on this application is true and accurate. I understand that misstatements, omissions, or false or misleading statements which I have provided on this application, on my resumé and/or in interview(s) shall constitute grounds for refusal to hire or immediate termination from employment.

I understand that the terms and conditions of employment may be changed at any time without notice by the company. In consideration of employment with Arcadia Communities agree to comply with all the policies, procedures and requirements of Arcadia Communities. I understand this application and/or any Arcadia Communities manual, handbook or other written document describing such items do not constitute a written contract at this time or in the future. I understand my employment would be at-will and that my relationship, oral or written, can only accomplished by a written document signed by Arcadia Communities Chairman/President/CEO or Board of Directors.

I have read and understand the above.

Applicant's Signature

Date

APPLICANT SHOULD NOT WRITE BELOW

Interview by:	Date:
Recommended action:	
Interview by:	Date:
Recommended action:	