



# APPLICATION FOR EMPLOYMENT

*Town and Country Manor's mission is to demonstrate the care, love, and hope of Jesus Christ to senior adults.*

**Town & Country**  
Your faith. Your way of life.

**Please complete entire application to ensure processing**

**PERSONAL INFORMATION** (please print)

Name: \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address: \_\_\_\_\_ Number & Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

\_\_\_\_\_ CA \_\_\_\_\_

Phone Numbers: \_\_\_\_\_ Daytime \_\_\_\_\_ Evening \_\_\_\_\_ Cell Number \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Are you legally able to be employed in the U.S.? Yes \_\_\_ No \_\_\_\_\_

**EMPLOYMENT DESIRED**

Position(s) Desired: \_\_\_\_\_ Date you can start: \_\_\_\_\_

Are you available to work: Full Time \_\_\_ Part Time \_\_\_ Per Diem \_\_\_ Desired Salary: \_\_\_\_\_

What hours are you available to work? (please circle): Days Evenings Nights

Are you able to work overtime? Yes \_\_\_ No \_\_\_

Have you ever worked for us before? Yes \_\_\_ No \_\_\_ if yes, when? \_\_\_\_\_

Have you ever filed an application with us? Yes \_\_\_ No \_\_\_ if yes, when? \_\_\_\_\_

How did you hear about this employment opportunity or Town and Country Manor? \_\_\_\_\_

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER COMMITTED TO HIRING A DIVERSE WORKFORCE.**



**EMPLOYMENT HISTORY**

List below current and last two employers, starting with most recent one first. Please include any non-paid/volunteer experience, which is related to the job for which you are applying. Please complete even if you attach a resume.

**Current Employer:** (Name and address of employer – type of business)

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From: \_\_\_\_\_ To: \_\_\_\_\_ Position(s) Held: \_\_\_\_\_

Duties Performed: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ May We Contact? \_\_\_\_\_

**Previous Employer:** (Name and address of employer – type of business)

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From: \_\_\_\_\_ To: \_\_\_\_\_ Position(s) Held: \_\_\_\_\_

Duties Performed: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ May We Contact? \_\_\_\_\_

**Previous Employer:** (Name and address of employer – type of business)

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From: \_\_\_\_\_ To: \_\_\_\_\_ Position(s) Held: \_\_\_\_\_

Duties Performed: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ May We Contact? \_\_\_\_\_

## **Applicant Statement and Agreement**

1. I agree that, if hired, my employment shall not be for any specific duration and either Town and Country Manor (the "Company") or I may terminate the employment relationship at any time, with or without cause and with or without prior notice. This express at-will acknowledgment supersedes any and all prior representations or understandings, whether written or oral, express or implied, between me and the Company.
2. I agree that the Company may contact my prior employers listed on my application and I authorize such employers to release to the Company any and all information relating to my employment with them. I also authorize the Company to contact the persons named on my application as personal references and I authorize such persons to disclose to the Company any pertinent information they have regarding my suitability for employment with the Company. I understand that the Company will hold such information in confidence, and that it will be viewed only by those involved in the hiring process.
3. I understand that if I am selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States.
4. I understand that the Company may require that I submit to medical or psychological examinations including a drug screening and tuberculosis test, after an offer of employment is made to determine my fitness for the job in question. I understand that should I decline to submit to such examinations, my employment may be terminated.
5. I understand that the Company may require that I submit to being fingerprinted, after an offer of employment is made to establish fingerprint clearance to be employed as required under state regulations. Should I decline being fingerprinted, my application for employment may be rejected or I may be discharged from employment.
6. I understand that, as a condition of employment, I will be required to sign a mutual agreement to arbitrate all disputes and claims arising out of my employment with the Company that cannot be resolved by internal informal mechanisms. If I decline to sign the mutual agreement to arbitrate, my application for employment may be rejected or I may be discharged from employment.

The information that I have submitted to the Company in connection with my application for employment is true and correct to the best of my knowledge. I understand that false or misleading information given in my application and/or interview(s) will be considered as cause for possible dismissal.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICATION STATEMENT AND AGREEMENT. PLEASE ADDRESS ANY QUESTIONS THAT YOU MAY HAVE TO A COMPANY REPRESENTATIVE BEFORE SIGNING.**

**I HEREBY ACKNOWLEDGE THAT I HAVE READ THE ABOVE STATEMENTS AND UNDERSTAND AND AGREE TO THE SAME.**

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**Signature of Applicant**

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**Date**

# PERSONNEL RECORD

(Form to be completed by employee)

DATE
NAME OF FACILITY Town and Country Manor
FACILITY ADDRESS 555 E. Memory Lane, Santa Ana, CA 92706
FACILITY FILE NUMBER 300600977

## 1. PERSONAL

NAME (LAST FIRST MIDDLE)	TELEPHONE ( )
ADDRESS	ARE YOU 18 YEARS OF AGE OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, PLEASE STATE YOUR AGE _____
SOCIAL SECURITY NUMBER: (VOLUNTARY FOR ID ONLY) - -	DATE OF LAST TB TEST
DATE OF LAST PHYSICAL EXAMINATION	

HAVE YOU EVER BEEN EMPLOYED UNDER A DIFFERENT NAME?  YES  NO IF YES, PLEASE LIST ALL NAMES USED.

DO YOU POSSESS A VALID CALIFORNIA DRIVER'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED? <input type="checkbox"/> YES <input type="checkbox"/> NO
CDL NUMBER	IF YES, PLEASE EXPLAIN ON BACK OF FORM.
NEAREST LIVING RELATIVE — NAME:	TELEPHONE NUMBER
ADDRESS	RELATIONSHIP

## 2. POSITION

TITLE	SALARY	HOURS	DATE OF EMPLOYMENT
NAME OF SUPERVISOR			

## 3. PREVIOUS EMPLOYMENT (List most recent experience first. If additional space is needed, please attach a separate page.)

NAME AND ADDRESS OF EMPLOYER	TELEPHONE NUMBER	JOB TITLE AND TYPE OF WORK	REASON FOR LEAVING	DATES	
				FROM	TO

## 4. EDUCATION

CIRCLE HIGHEST YEAR COMPLETED <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	DIPLOMA	CURRENTLY ENROLLED IN HIGH SCHOOL COMPLETION COURSE? <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, GIVE EXPECTED COMPLETION DATE _____
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### EMPLOYMENT — RELATED EDUCATION COURSES

COURSE TITLE	NAME OF SCHOOL OR ORGANIZATION AND ADDRESS	NUMBER UNITS COMPLETED	DATE COMPLETED	CURRENTLY ENROLLED

