



EMPLOYMENT APPLICATION

Orchard Ridge 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. Orchard Ridge 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. This application will be current for 45 days, at the conclusion of which time, if you have not heard from us and still wish to be considered for employment, it may be necessary for you to fill out a new application.

Date of Application _____		
Name _____		
Last	First	Middle Initial
Present Address _____		Telephone No. _____
Street		

City	State	Zip
Permanent Address _____		Telephone No. _____
(if different from Present Address)		
Position(s) applied for _____ at Orchard Ridge		
Rate of Pay Expected \$ _____		
How Did You Learn About Us? <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Relative <input type="checkbox"/> Internet		
<input type="checkbox"/> Website <input type="checkbox"/> Friend <input type="checkbox"/> Other _____		
Would you work Full-Time <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Part-Time <input type="checkbox"/> Yes <input type="checkbox"/> No		
Any days or hours you can't work _____		What date will you be available for work? _____
Were you previously employed by us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____		
List any friends/relatives working for us _____		
Name		Relationship

Name		Relationship

EDUCATION

School	Name and City and State	Course of Study or Major Field	Did you Graduate?	List Diploma or Degree
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (specify)			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Describe any specialized training, certifications, computer skills, apprenticeship, or any additional information you feel may be helpful to us in considering your application.

EMPLOYMENT EXPERIENCE *Please list your last 3 positions only, starting with your current or most recent position. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.*

Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number (s)			
Job Title	Supervisor	Starting	Final
Reason for Leaving			
Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number (s)			
Job Title	Supervisor	Starting	Final
Reason for Leaving			
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Address	From	To	
Telephone Number (s)			
Job Title	Supervisor	Starting	Final
Reason for Leaving			

1. During the past 10 years were you fired from any job for any reason, did you quit after being told that you would be fired or did you leave by mutual agreement because of specific problems?

YES NO

If "YES" explain for each job the problem(s) for leaving. Give the employer's name and address

2. Have you ever had an incident, which resulted in an accusation of sexual or physical abuse?

YES NO

If "YES" explain each violation. Give place of occurrence and name and address of police or court involved.

I certify that the information set forth in this application for employment is true and complete to the best of my knowledge.

I understand that, if employed, falsified statements on this application shall be considered sufficient grounds for dismissal.

I understand that my employment shall be contingent upon proof of identity and verification of eligibility for employment in the United States in accordance with the Immigration Reform and Control Act of 1986. Also, pursuant to the Child/Adult Abuse Information Act, I understand my background will be checked by authorities for any criminal history information.

I understand that if I am offered employment at Orchard Ridge it will be contingent upon my taking a pre-employment drug test. I understand that refusing to sign the drug testing consent form, refusing to cooperate in the testing or testing positive will result in the withdrawal of any job offer, which is made, and I will not be considered for a period of one year.

I further understand that my employment is contingent upon checking of references furnished by me. I consent to and authorize Orchard Ridge and its personnel to request any information concerning my previous employment record as indicated in this application for employment. I hereby release all parties and persons connected with any request for information from all claims, liabilities, and damages for whatever reason arising out of furnishing such job related information.

Regardless of my personal preference, I must be prepared to be rotated to a different shift, should the need to be required by Orchard Ridge. If I am employed, I agree to conform to the rules and regulations of Orchard Ridge as an at-will employer.

Signature of Applicant

Date

Please attach your resume or additional information which may be helpful in evaluating your qualifications. Mail or deliver this application:

Orchard Ridge Senior Living, 624 W. Harrison Avenue, Coeur d'Alene, ID 83814