

Please explain any periods of unemployment _____

Please list at least two personal references not elated to you, whom you may have known for at least one year.

Name: _____ Phone: _____

Name: _____ Phone: _____

PERSONAL EMERGENCY INFORMATION- In the event of emergency notify:

Name: _____ Address _____

Phone: _____ Other Phone: _____

EMPLOYMENT UNDERSTANDING

I voluntarily give the Annapolitan the right to make a thorough investigation of my past employment and activities. I agree to cooperate in such investigations and release from all liability or responsibility all person, companies, or corporations supplying such information. I understand that for positions which require use of a company vehicle, a check of my driving record will be conducted.

Have you ever been convicted of a crime? Yes No

If yes, what for: _____ When _____
(I understand that a conviction may not necessarily preclude my employment)

I consent to take the employment physical examination after I am given an offer of employment and such future physical examinations as may be required by the Annapolitan, which may include a drug test, at such time and places as the company shall designate. I acknowledge that I may also be required to take a drug test at any time during my employment with the Annapolitan.

I understand that my employment is at will and that either party is free to terminate the employment relationship at any time without cause. I understand that I will be required to follow the personnel policies and rules of the company and that infractions may lead to dismissal. I also understand that my employment may be terminated for misstatement or omission of facts appearing on this application. If employed, I will be required to complete and Employment Verification Form (I-9) , and within three days of employment, show satisfactory evidence of identity and eligibility for employment in the USA.

Applicant's Signature

Date

For Maryland applicants only:

UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AM EMPOLYER WHO VIOLATES THIS LAW I S GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT TO EXCEED 100.00.

I HEARBY ACKNOWLDEGE THAT I HAVE READ AND UNDERSTOOD THE PROCEEDING STATEMENT.

Applicant's Signature

Date

Employer	Dates Employed	Salary Range	Title and Duties	Reason For Leaving
Name <hr/> Address <hr/> <hr/> Supervisor <hr/> Phone <hr/> May we contact this Employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	From: <hr/> To: <hr/>	Starting \$ _____ Ending \$ _____	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
Employer	Dates Employed	Salary Range	Title and Duties	Reason For Leaving
Name <hr/> Address <hr/> <hr/> Supervisor <hr/> Phone <hr/> May we contact this Employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	From: <hr/> To: <hr/>	Starting \$ _____ Ending \$ _____	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
Employer	Dates Employed	Salary Range	Title and Duties	Reason For Leaving
Name <hr/> Address <hr/> <hr/> Supervisor <hr/> Phone <hr/> May we contact this Employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	From: <hr/> To: <hr/>	Starting \$ _____ Ending \$ _____	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

Professional Licenses or Certifications:

Type	State issued	Date Issued	License Number	Verification

REFERENCE CHECK LETTER

Date: _____

Former Employer: _____
Address: _____
City, State, Zip _____
Attn: Supervisor: _____
Phone: _____

Employee Consent for Disclosure

Applicant's Name: _____

Position Applied For: _____ Social Security Number _____

Please be sure to supply the information required below concerning my employment with your company. I have applied for employment with the Annapolitan. I authorize the Annapolitan to collect any information concerning my qualifications and past performances. I hereby release you from any and all liability in supplying any information regarding my employment with you. Thank you for your cooperation.

(Applicant's Signature)

(Applicant's Name Printed)

As requested by our former employee above, we are supplying the following information. We understand that all information provided will be held in complete confidence.

Employed From _____ To _____ Position Held _____

This employee is: Eligible for Rehire Not Eligible for Rehire

	Excellent	Good	Satisfactory	Poor
Quality of Work				
Quantity of Work				
Dependability				
Attendance				

Additional Comments:

Signature

Title

Date

REFERENCE CHECK LETTER

Date: _____

Former Employer: _____
Address: _____
City, State, Zip _____
Attn: Supervisor: _____
Phone: _____

Employee Consent for Disclosure

Applicant's Name: _____

Position Applied For: _____ Social Security Number _____

Please be sure to supply the information required below concerning my employment with your company. I have applied for employment with the Annapolitan. I authorize the Annapolitan to collect any information concerning my qualifications and past performances. I hereby release you from any and all liability in supplying any information regarding my employment with you. Thank you for your cooperation.

(Applicant's Signature)

(Applicant's Name Printed)

As requested by our former employee above, we are supplying the following information. We understand that all information provided will be held in complete confidence.

Employed From _____ To _____ Position Held _____

This employee is: Eligible for Rehire Not Eligible for Rehire

	Excellent	Good	Satisfactory	Poor
Quality of Work				
Quantity of Work				
Dependability				
Attendance				

Additional Comments:

Signature

Title

Date

REFERENCE CHECK LETTER

Date: _____

Former Employer: _____
Address: _____
City, State, Zip _____
Attn: Supervisor: _____
Phone: _____

Employee Consent for Disclosure

Applicant's Name: _____

Position Applied For: _____ Social Security Number _____

Please be sure to supply the information required below concerning my employment with your company. I have applied for employment with the Annapolitan. I authorize the Annapolitan to collect any information concerning my qualifications and past performances. I hereby release you from any and all liability in supplying any information regarding my employment with you. Thank you for your cooperation.

(Applicant's Signature)

(Applicant's Name Printed)

As requested by our former employee above, we are supplying the following information. We understand that all information provided will be held in complete confidence.

Employed From _____ To _____ Position Held _____

This employee is: Eligible for Rehire Not Eligible for Rehire

	Excellent	Good	Satisfactory	Poor
Quality of Work				
Quantity of Work				
Dependability				
Attendance				

Additional Comments:

Signature Title Date



**AUTHORIZATION TO RELEASE INFORMATION
H&H SERVICES, INC – 706-565-0067 FAX**

TO WHOM IT MAY CONCERN

I hereby authorize the representative of H&H Service, Inc. bearing this release, to copy thereof within one year of its date, to obtain any information in your files pertaining to my criminal history or activity. Further authorization is extended to all Police Department, Sheriff's Department, Clerk of Courts, to furnish the bearer with information, and any other records containing information relating to my criminal background. I hereby release you, as the custodian of such records, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this information and request to release information, or any attempt to comply with it. Should there be any question as to the validity of this release, you any contact me as indicated below.

FULL NAME _____

(Signature)

FULL NAME _____

(Print)

DATE OF BIRTH _____

SOCIAL SECURITY NUMBER _____

CURRENT ADDRESS _____

CITY _____ STATE _____ COUNTY _____

Annapolitan Assisted Living
Attn: Chantal Chi- Business Manager
84 N. Old Mill Bottom Road
Annapolis, MD 21409
Ph: (410) 757-7000 Fax (410) 349-3715