



Application for Employment

Cambrian Senior Living
Assisted Living & Memory Care

333 N Occidental Hwy.
Tecumseh, MI 49286
(517) 423-5300

52365 Ten Mile Rd.
South Lyon, MI 48178
(248) 344-0001

www.CambrianSeniorLiving.com

Or Email Application To: DTrotter@CambrianSeniorLiving.com

In order that your application may be properly evaluated, it is essential that all of the following questions be answered carefully and completely. Please feel free to use a resume to supplement this application.

Date _____ Name _____

Please check location of interest _____ Tecumseh _____ South Lyon

Tell us why you want to serve the senior population. _____

Address _____

Phone _____ Email _____

Position applying for _____ Referred by _____

Date you can start _____ Hourly wage desired _____

Are you currently employed? _____ May we contact your current employer? _____

Have you ever been convicted of a felony? _____

Have you been convicted of a misdemeanor in the last 5 years? _____

List all convictions for breaking the law that you received over your lifetime (include all major and felony convictions and only misdemeanor convictions during the last 5 years). Note: Convictions are not necessarily a bar to employment; however deception as to their existence or falsification of their exact nature will result in denial off employment.

Education History

High School _____ Years attended _____ Graduate _____

College/Major _____ Years attended _____ Graduate _____

Other _____ Years attended _____ Graduate _____

Special work or volunteer experience, licenses, or training _____

Employment History_(list last 4 employers starting with the most recent first)

Month and year	Employer name/address/phone #	Hourly wage	Position	Reason for leaving
From ----- To				
From ----- To				
From ----- To				
From ----- To				

References (give names of three people not related to you, who we may contact.)

Name	City	Phone number	Relationship to applicant

Work Limitations

You may be required to carry out tasks that involve your physical abilities as an important part of the positions applied for. Please list any barriers that may interfere with or be aggravated by your work, including limitations involving eyesight, lifting items up to 50 pounds, physical mobility or standing for long periods of time. Also list any reasonable accommodations to complete any required tasks _____

Driving Record

Do you have a valid driver's license? _____ Any restrictions on license? _____

License number _____ Issuing state _____ Expiration date _____

Do you have reliable transportation? _____

READ CAREFULLY BEFORE SIGNING

I certify that the information I have provided to the foregoing questions is true and correct, and that no attempt has been made to conceal pertinent information. I authorize my former employers, schools and personal references to provide any information they may have regarding me, whether or not it is on their records. I hereby release them and their company from all liability for divulging same. I understand that all statements made are open to investigation by this Company, and that if any information given by me in this application is found to be false or misleading, I will be subject to dismissal at any time during the period of my employment and I agree to hold this Company and persons named herein blameless in that event.

If employment is obtained under this application, I will comply with all rules and regulations of the Company. I agree to be responsible for Company property and equipment issued me by Company until returned. I agree to submit to physical examination if required by the Company. Further, I hereby understand and agree that my employment is AT WILL, that nothing in this application or in any other Company document shall be deemed to create any contract of employment between me and the Company, and that my employment can be terminated at any time by myself or the Company for any or no cause. I understand and agree that any statements to the contract, whether oral or written, are expressly disavowed and are not to be relied upon by me; I further understand that no representative of the Company other than the President of the Company, has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing.

Applicants Signature

Date