

# Lesley Senior Communities Application for Employment

<b>Lesley Gardens</b>	<b>701 Arnold Way, Half Moon Bay, CA 94019</b>
<b>Lesley Plaza</b>	<b>120 N. San Mateo Drive, San Mateo, CA 94401</b>
<b>Lesley Terrace</b>	<b>2400 Carlmont Drive, Belmont, CA 94002</b>
<b>Lesley Towers</b>	<b>700 Laurel Avenue, San Mateo, CA 94401</b>
<b>Ocean View Plaza</b>	<b>1001 Main Street, Half Moon Bay, CA 94019</b>

Lesley Senior Communities (LSC) is an Equal Employment Opportunity Employer. It is the philosophy, intent, and commitment of LSC to adhere to a policy of equal employment opportunities for all applicants and employees without regard to race, color, religion, sex, age, national origin, veteran status, pregnancy, mental or physical disability or any other status protected by applicable state or federal law.

LSC provides reasonable accommodation to disabled individuals to assist in the hiring process and to qualified individuals with disabilities in the performance of essential job function. If you believe you require assistance to complete this or any forms, participate in an interview or otherwise participate in the hiring process, please inform Human Resources.

**Personal Information**

**Date:** \_\_\_\_\_

**Name: (Last, First, Middle Initial)** \_\_\_\_\_

**Address/City/Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Employment Desired**

**Position:** \_\_\_\_\_ **Salary Desired:** \_\_\_\_\_

**Date Available to Start:** \_\_\_\_\_

**Are You Currently Employed?** Yes \_\_\_\_\_ No \_\_\_\_\_

**Have You Applied with this Organization Before?** Yes \_\_\_\_\_ No \_\_\_\_\_

**If Yes, When and What Position?** \_\_\_\_\_

**How did you learn about this position?** \_\_\_\_\_

**Education**

**Have You Graduated From:**

		<b>Name &amp; Location of School</b>	<b>Degree</b>
<b>Yes</b>	<b>No</b>		
_____	_____	<b>High School</b>	_____
_____	_____	<b>College</b>	_____
_____	_____	<b>Trade School</b>	_____

**Former Employers (List last four employers, beginning with most recent)**

Dates		Name of Employer	Position	Reason for Leaving
From	To			
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**References (Give the names of three persons not related to you who you have known at least one year; at least one must be a supervisor)**

Name	Email Address	Phone Number	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Have you been convicted of a felony or misdemeanor (other than traffic violations)?** Yes \_\_\_\_\_ No \_\_\_\_\_

You may omit (1) any conviction for the possession of marijuana that is more than two (2) years old, (2) any conviction that has been judicially dismissed, (3) any conviction for which the record has been ordered sealed, expunged or judicially eradicated. For purposes of this question, a conviction includes a plea, verdict, or finding of guilt regardless of whether sentence is imposed by the court.

If YES, state details: Convictions will not necessarily disqualify applicant; each case is considered individually.

Are you currently out on bail or on your own recognizance pending trial?

Yes \_\_\_\_\_ No \_\_\_\_\_

**Driving for Company Business**

\_\_\_\_\_ Yes, in the position for which I am applying, I will be driving a vehicle on company business. Any person employed by Lesley Senior Communities who needs to drive on company business must complete a DMV Authorization form which is available from the Lesley Senior Communities office.

\_\_\_\_\_ No, I do not and will not drive in the line of company business under any circumstances. I will notify the Lesley Senior Communities office in advance if any circumstances every change.

**Identity and Eligibility to work in the U.S.**

Are you legally eligible for employment in the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No

Pursuant to the Immigration Reform and control Act of 1986, all applicants who are offered employment must produce documents establishing their identity and authorization for employment in the United States. These documents must be produced no later than three (3) business days after employment commences. In addition, all new hires will be required to verify their employment authorization under oath by signing INS Form 1-9 upon commencing employment.

**I authorize investigation of all statements contained in the application and verification of all documentation that is presented as required for employment with Lesley Senior Communities. I understand that misrepresentation or omission of facts called for is cause for dismissal.**

\_\_\_\_\_

**Date** **Signature**

**PLEASE READ CAREFULLY, INITIAL EACH PARAGRAPH AND SIGN BELOW:**

INITIALS \_\_\_\_\_ I understand that if I am offered employment, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the U. S.

INITIALS \_\_\_\_\_ I understand and agree that, if I am employed, any false statement, misrepresentation or omission of facts on this application, on any supporting documents, or provided orally, regardless of when discovered to be false, will result in my immediate dismissal.

INITIALS \_\_\_\_\_ I understand and agree that, if I am offered a position, it will be offered on condition that my employment shall be “at will” and for no definite period, and that my employment may be terminated, at any time, with or without cause and with or without prior notice. I understand that no supervisor or manager may alter or amend this condition except in writing, signed by a Company officer.

INITIALS \_\_\_\_\_ I understand that the Company strictly prohibits harassment and, during my employment, I will be expected to abide by the Company’s Employee Handbook, including its policy prohibiting discrimination and harassment.

INITIALS \_\_\_\_\_ I understand that LSC has a binding arbitration policy which means that any disputes between it and its employees will be submitted to an arbitrator. I understand I can review this policy, as well as the Employee Handbook, upon request.

INITIALS \_\_\_\_\_ I understand that as part of LSC’s procedure for processing my employment application, my personal and employment references may be checked.

INITIALS \_\_\_\_\_ I understand that in order to work at Lesley Terrace I will be required to submit to fingerprinting at a Livescan site.

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_