



**EMPLOYMENT HISTORY**

Please give accurate, complete full-time and part-time work. Start with present or most recent employer.

<b>Company Name</b>	Telephone
Address	Date Employed (Month & Year) From:                      To:
Name of Supervisor	Weekly Pay Start: \$                      Last: \$
Job Title & Description of Duties	Reason for Leaving
<b>Company Name</b>	Telephone
Address	Date Employed (Month & Year) From:                      To:
Name of Supervisor	Weekly Pay Start: \$                      Last: \$
Job Title & Description of Duties	Reason for Leaving
<b>Company Name</b>	Telephone
Address	Date Employed (Month & Year) From:                      To:
Name of Supervisor	Weekly Pay Start: \$                      Last: \$
Job Title & Description of Duties	Reason for Leaving

**PERSONAL/PROFESSIONAL REFERENCES (Other than family)**

Please provide two professional and two personal references.

<b><u>Name</u></b>	<b><u>Address</u></b>	<b><u>Phone</u></b>	<b><u>Relationship</u></b>

I authorize Alta Vista Senior Living to communicate with persons listed as references, former employers, and any others with whom the company desires to check. I agree to hold such persons harmless with respect to any information they may give about me.

I understand that any misrepresentation, deception, or false statement made in this Employment Application may result in my not being considered for employment, and if not discovered by the Company until after my becoming employed, is grounds for, and may result in, my immediate termination.

I understand that the Company may require the successful completion of a urinalysis for drug testing purposes as a condition of employment. By submitting this Application for Employment, I hereby consent to said test, at the Company's discretion.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written documentation or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

If employed, I agree to hold in strictest confidence any information concerning the Company and its Agents which may come to my knowledge.

I personally completed this application and all statements contained herein are truthful.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date