



Discover LEISURE CARE

ASSOCIATE APPLICATION

How to apply:

1. Download PDF application.
2. Fill out form – don't forget to sign and save!
3. Send completed application to discoverlc@leisurecare.com

Name: Preferred Start Date:

University or Institutional affiliation:

Area of study:

Desired Duration / Hours Needed:

Specific Course Requirements: Yes No

Area(s) of interest in Senior Hospitality:

- | | | |
|--|--|---|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Health & Wellness | <input type="checkbox"/> Home Office |
| <input type="checkbox"/> Operations | <input type="checkbox"/> Restaurant / Dining | <input type="checkbox"/> Open to All Opportunities! |
| <input type="checkbox"/> Sales & Marketing | <input type="checkbox"/> Guest Services | |

Location Preference(s):

1. 2. 3.



APPLICATION FOR EMPLOYMENT

Leisure Care, LLC does not discriminate in hiring or work conditions on the basis of race, color, creed, religion, sex, pregnancy, age (40 years or older), national origin, ancestry, citizenship, honorably discharged veteran or military status, marital status, sensory, physical or mental disability, sexual orientation (including gender identity), HIV/AIDS and Hepatitis C status, use of a dog guide or service animal by a person with a disability, and all other classifications protected by federal, state, or local law. If you have a disability and need assistance in completing the application or in taking any test required for employment, please notify the HR Department, who will make appropriate arrangements. We are an equal opportunity employer.

PERSONAL

Print or type all information:

Today's Date: _____ Home Phone: (_____) _____ Work Phone: (_____) _____

Name: _____ E-Mail Address: _____

Present Address: _____
Number Street City State Zip Code

Permanent Address: _____
Number Street City State Zip Code

Referred by? _____ Driver's License No. (only if position involves driving): _____

Are you at least 18 years of age? Yes No (If no, hire is subject to verification that you are of minimum legal age.)

If hired, can you show proof of your legal right to live and work in this country? Yes No

Emergency Contact: _____
Name Address Phone No.

EMPLOYMENT DESIRED

Are you currently employed? Yes No If so, may we contact your employer? Yes No

What led you to contact us for employment? _____

If hired, would you have a reliable means of transportation to and from work? Yes No

Total hours available per week: _____ Date available for employment: _____

Hours available:	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
From							
To							

What type of position(s) are you interested in? _____

Have you ever applied to Leisure Care, LLC before? Yes No If yes, date(s): _____

Have you worked for Leisure Care, LLC before? Yes No If yes, date(s): _____

EMPLOYMENT HISTORY

You must complete this section even if attaching a resume.

Name of present employer: _____

Address: _____
Number Street City State Zip Code

Type of Business: _____

Telephone: (_____) _____ Your Supervisor's Name: _____

Your Position and Duties: _____

Date of Employment: From _____ To _____

Reason for Leaving: _____

Name of previous employer: _____

Address: _____
Number Street City State Zip Code

Type of Business: _____

Telephone: (_____) _____ Your Supervisor's Name: _____

Your Position and Duties: _____

Date of Employment: From _____ To _____

Reason for Leaving: _____

Name of previous employer: _____

Address: _____
Number Street City State Zip Code

Type of Business: _____

Telephone: (_____) _____ Your Supervisor's Name: _____

Your Position and Duties: _____

Date of Employment: From _____ To _____

Reason for Leaving: _____

Name of previous employer: _____

Address: _____
Number Street City State Zip Code

Type of Business: _____

Telephone: (_____) _____ Your Supervisor's Name: _____

Your Position and Duties: _____

Date of Employment: From _____ To _____

Reason for Leaving: _____



EDUCATION, TRAINING, AND EXPERIENCE

Choose highest grade completed: High School Vocational/Business College/University

If education is in progress, give name and address of school: _____

Do you have any other experience, training, qualifications, or skills which you feel make you especially suited for work with **LEISURE CARE, LLC**? If so, please explain: _____

Answer the following questions if you are applying for a professional position:

Are you licensed/certified for the job applied for? Yes No

Name of license/certification: _____

Issuing state: _____ License/certification number: _____

Has your license/certification ever been revoked or suspended? Yes No

If yes, state reason(s): _____

Date of revocation or suspension: _____ Date of reinstatement: _____

OTHER INFORMATION

Other names previously or currently used, including nicknames: _____

Have you lived or worked in a city in the United States which is outside of the county of your current residence:

Yes No If yes, indicate the cities and states and time periods for each: _____

JOB REQUIREMENTS

Can you perform the essential functions of the job for which you are applying with or without reasonable accommodation? Yes No

REFERENCES

List below three people not related to you who have knowledge of your work performance within the last three years.

1. Name: _____ Phone: _____

Address: _____

Occupation: _____ No. of Years Acquainted: _____

2. Name: _____ Phone: _____

Address: _____

Occupation: _____ No. of Years Acquainted: _____

3. Name: _____ Phone: _____

Address: _____

Occupation: _____ No. of Years Acquainted: _____



Please read the following very carefully before signing this application.

I certify that the statements made by me in this application are correct and complete without omission of any kind whatsoever. I authorize investigation of all statements contained herein, including a background check which may include a criminal conviction check, a driver history check, former employment history, educational records and similar background information, and I release **LEISURE CARE, LLC** and its owners, officers, directors, management companies, employees, agents, and affiliates from any or all liability, claims or damages which may result from conducting such an investigation. I authorize the references listed above to give you any and all information concerning my previous employment and release from liability any persons providing such information.

I understand that any offer I receive will be subject to certain conditions, including but not limited to a TB test, drug testing, proof of immigration law compliance, execution and delivery of a conditional letter agreement of employment (form P-7), and background inquiry, including criminal history background inquiry, if applicable. **LEISURE CARE, LLC** is a drug-free workplace and I may be required to take a drug or alcohol test during the course of my employment. By signing my name below, I consent to these conditions.

I understand that any omission of requested information or false information when applying for employment, whether in this application or otherwise, will result in rejection of this application or, if discovered after employment, immediate discharge.

I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and **LEISURE CARE, LLC**. In addition, I understand and agree that if I am employed, my employment is for no definite period and may be terminated at any time for any reason, with or without cause or prior notice, at the option of either me or **LEISURE CARE, LLC**. No promises or representations, contrary to the statements in this paragraph, are binding on **LEISURE CARE, LLC** unless made in writing and signed by me and the General Manager.

Be advised that this company participates in the E-Verify program and that we will provide information from each employee's Form I-9 to the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS) to confirm work authorization. E-Verify will not be used to pre-screen job applicants and the company will not limit or influence the choice of documents employees present for use on the Form I-9. To determine whether Form I-9 is valid, the company uses E-Verify's photo matching tool to match the photograph appearing on some permanent resident cards, employment authorization cards, and US passports with the official US government photographs. E-Verify also checks data from driver's licenses and identification cards issued by some states. If the Government cannot confirm that you are authorized to work, the company is required to give you written instructions and an opportunity to contact DHS and/or the SSA before taking adverse action against you, including terminating your employment. If you believe this company has violated its responsibilities under this program or has discriminated against you during the employment eligibility verification process based upon your national origin or citizenship status, please call the Office of Special Counsel at 800-255-7688, 800-237-2515 (TDD) or at www.justice.gov/crt/osc. For more information on E-Verify, contact DHS at 888-897-7781.

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I understand and agree to the statements in the application, and my agreement to those statements is knowing and voluntary.

Applicant's Signature: _____ Date: _____

By typing your name above, you are signing this application electronically. You agree your electronic signature is the legal equivalent of your manual signature on this application.