

JOB APPLICATION



2731 Jamaica Blvd South
Lake Havasu City, Arizona 86406
(928) 773-3048

Neighbors Assisted Living is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please fill out all of the sections below:

Applicant Information

Applicant Name: _____

Address: _____

City, State and Zip Code: _____

Telephone Number: _____

Email Address: _____

Date of Application: _____

Employment Position

Position(s) applying for:

How did you hear about this position? _____

What days are you available for work? _____

What hours or shift are you available for work? _____

If needed, are you available to work overtime? _____

On what date can you start working if you are hired? _____

Personal Information

Have you ever applied to or worked for Neighbors Assisted Living before? Yes No

If yes, when?

Do you have any friends, relatives, or acquaintances working for Neighbors Assisted Living? Yes No

If yes, list name & relationship:

Are you 18 years of age or older? Yes No

Are you a U.S. citizen or approved to work in the United States? Yes No

What document can you provide as proof of citizenship or legal status?

Will you consent to a mandatory controlled substance test? Yes No

Job Skills/Qualifications

Please list below the skills and qualifications you possess for the position for which you are applying:

Education and Training

High School

Name	Location (City, State)	Year Graduated	Degree Earned

College/University

Name	Location (City, State)	Year Graduated	Degree Earned

Vocational School/Specialized Training

Name	Location (City, State)	Year Graduated	Degree Earned

Previous Employment

Employer Name:

Job Title:

Supervisor Name:

Employer Address:

City, State and Zip Code:

Employer Telephone:

Dates Employed:

Reason for leaving:

Employer Name: _____
 Job Title: _____
 Supervisor Name: _____
 Employer Address: _____
 City, State and Zip Code: _____
 Employer Telephone: _____
 Dates Employed: _____
 Reason for leaving: _____

Employer Name: _____
 Job Title: _____
 Supervisor Name: _____
 Employer Address: _____
 City, State and Zip Code: _____
 Employer Telephone: _____
 Dates Employed: _____
 Reason for leaving: _____

References

Please provide 2 personal and professional reference(s) below:

Reference	Contact Information

(Note: Neighbors Assisted Living complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.)

AT-WILL EMPLOYMENT

The relationship between you and the Neighbors Assisted Living is referred to as "employment at will." This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or the Neighbors Assisted Living. No representative of Neighbors Assisted Living has authority to enter into any agreement contrary to the foregoing "employment at will" relationship. You understand that your employment is "at will," and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status, except for a written statement signed by you and either our Executive Vice-President/Chief Operations Officer or the Company's President.

Applicant Signature: _____ Dated: _____

Please attach resume and other support documentation, apply in person or by emailing packet to: admin@neighborsassistedliving.com