



# Advanced Living Options

Providing Something Special

*ALO is an Equal Opportunity Employer. We consider applicants without regard to race, color, religion, sex, national origin, marital or veteran status, or any other legally protected status. Proof of citizenship or immigration status will be requested upon employment.*

## **Employment Application**

### **Personal Information:**

Name: \_\_\_\_\_  
(First) (Middle) (Last)

Social Security Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Street Address: \_\_\_\_\_ Township: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ DOB: \_\_\_\_\_  
(Daytime) (Evening)

### **Eligibility:**

Are you eligible to work in the United States? YES \_\_\_\_\_ NO \_\_\_\_\_

Have you been convicted of or plead no contest to any crime within the past five years?

YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

### **Position/Availability:**

Position applying for: \_\_\_\_\_

Days/Hours available:

Monday \_\_\_\_\_

Friday \_\_\_\_\_

Tuesday \_\_\_\_\_

Saturday \_\_\_\_\_

Wednesday \_\_\_\_\_

Sunday \_\_\_\_\_

Thursday \_\_\_\_\_

What date are you able to start employment? \_\_\_\_\_

**Education:**

| Name of School | Address of School | Degree/Diploma | Grad. Date |
|----------------|-------------------|----------------|------------|
|                |                   |                |            |
|                |                   |                |            |
|                |                   |                |            |
|                |                   |                |            |

Skills and Qualifications: \_\_\_\_\_

\_\_\_\_\_

**Employment History:**

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Dates Employed:            From: \_\_\_\_\_            To: \_\_\_\_\_

Salary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Dates Employed:            From: \_\_\_\_\_            To: \_\_\_\_\_

Salary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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May we contact your present employer? YES \_\_\_\_\_ NO \_\_\_\_\_

**References:**

Minimum of two professional references – no relatives

| Name | Address | Phone |
|------|---------|-------|
| 1.   |         |       |
| 2.   |         |       |
| 3.   |         |       |

I certify that information contained in this application is true and complete. I understand that false information may be grounds for not being hired as well as immediate termination of employment at any point in the future if I am hired. I authorize the verification of all information provided in this application.

Applicant signature: \_\_\_\_\_

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