

SPECIAL SKILLS & PROFESSIONAL LICENSES

TYPE	STATE ISSUED	NUMBER	EXPIRATION DATE

List any foreign language and check the box that best describes your skill level.

LANGUAGE	READ AND WRITE	READ AND SPEAK	READ ONLY	SPEAK ONLY

Please describe any special job-related skills and qualifications acquired from employment, other education or volunteer experiences, or other additional information you would like us to consider (do not include information which would indicate race, color, creed, religion, sex, sexual orientation, national origin, marital status, disability or age).

JOB REQUIREMENTS

Will you be able to perform the essential functions of the job, with or without reasonable accommodation?
 (if you have any question as to what functions are applicable to the position for which you are applying, please ask the interviewer before you answer this question) ___ Yes ___ No

REFERENCES

Please provide the contact information for three persons who have observed your work performance, and are willing to be contacted as a reference.

Name	Phone Number	Address	Years Known and in What Capacity?

EMPLOYMENT HISTORY

Include at least the last ten (10) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. Incomplete information could disqualify you from further consideration. Attach additional pages if necessary.

NAME OF EMPLOYER: 1.	ADDRESS:
TELEPHONE NUMBER:	POSITION:
DATES EMPLOYED: FROM _____ TO _____	NAME AND TITLE OF SUPERVISOR:
STARTING SALARY:	ENDING SALARY:
REASON FOR LEAVING:	
BRIEF DESCRIPTION OF YOUR WORK AND RESPONSIBILITIES:	
May we contact this employer? ___ Yes ___ No	
NAME OF EMPLOYER: 2.	ADDRESS:
TELEPHONE NUMBER:	POSITION:
DATES EMPLOYED: FROM _____ TO _____	NAME AND TITLE OF SUPERVISOR:
STARTING SALARY:	ENDING SALARY:
REASON FOR LEAVING:	
BRIEF DESCRIPTION OF YOUR WORK AND RESPONSIBILITIES:	
May we contact this employer? ___ Yes ___ No	
NAME OF EMPLOYER: 3.	ADDRESS:
TELEPHONE NUMBER:	POSITION:
DATES EMPLOYED: FROM _____ TO _____	NAME AND TITLE OF SUPERVISOR:
STARTING SALARY:	ENDING SALARY:
REASON FOR LEAVING:	
BRIEF DESCRIPTION OF YOUR WORK AND RESPONSIBILITIES:	
May we contact this employer? ___ Yes ___ No	

Has your employment with any employer ever been involuntarily terminated? ___ Yes ___ No

If yes, describe the events leading to the involuntary termination: _____

READ EACH OF THE FOLLOWING ITEMS BEFORE SIGNING THIS APPLICATION

1. Franke Tobey Jones is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, religion, age, sex, sexual orientation, marital status, individuals with disabilities, military status or on any basis prohibited by local, state or federal law.
2. As a final step in the hiring process, applicants will be subject to an employment entrance exam that will include screening for illegal drugs. Applicants who test positive on drug screening will not be considered for employment. If a job offer is made, it is contingent on passing a national criminal background check and may be contingent upon the successful passing of a job-related functional assessment.
3. **I CERTIFY** that the facts contained in this application are true and complete, and understand that if employed, false, misleading or incomplete statements on this application shall be grounds for immediate dismissal.
4. **I AUTHORIZE** Franke Tobey Jones to investigate and verify any information contained in my application or pre-hire interviews, including my previous employment, education and background. I further release all parties from all liability for any damage that may result from furnishing or receiving such information.
5. **I UNDERSTAND** and agree that my employment and compensation may be terminated at any time without prior notice, with or without reason, at the option of the company or myself, and understand that no representative of Franke Tobey Jones, other than the President, has authority to enter into any agreement contrary to the foregoing.
6. **I UNDERSTAND** that all company property must be returned and any indebtedness to the company must be paid on or before my last day of work. I authorize Franke Tobey Jones to deduct from my final paycheck an amount necessary to satisfy any unpaid obligation.

Date: _____ Signature of Applicant: _____

The Mission of Franke Tobey Jones is to enrich and extend the quality of life for seniors in our community. As a non-profit organization we provide senior residential services, a supportive continuum of care, and innovative community outreach.