

# HARVEST HOMES, INC

## APPLICATION FOR EMPLOYMENT

(Equal Employment Opportunity Employer)

Date of Application: \_\_\_\_\_

### PERSONAL INFORMATION

\_\_\_\_\_  
Name                      Last                                      First                                      Middle Initial

\_\_\_\_\_  
Present Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Day

\_\_\_\_\_  
Evening

\_\_\_\_\_  
Cell

Type of Work Desired: \_\_\_\_\_

Date Available for Employment: \_\_\_\_\_

Are you legally able to work in the United States? \_\_\_\_\_

Are you 21 years of age or over? \_\_\_\_\_

Can you perform the essential functions of the job (s) for which you are applying? \_\_\_\_\_

Are you available to work:    ( ) Full Time        ( ) Part Time        ( ) Over Time

How did you hear about Harvest Homes? \_\_\_\_\_

### SPECIAL SKILLS, QUALIFICATIONS

Summarize your special skills, qualifications or activities that are related to the job you are seeking: \_\_\_\_\_

Are you fluent in any languages other than English? \_\_\_\_\_

## EDUCATION INFORMATION

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<u>Education</u>	<u>Name of School</u>	<u>Subject Studied</u>
<u>Elementary School</u>	_____	_____
<u>High School</u>	_____	_____
<u>College</u>	_____	_____
<u>Trade, Business, etc.</u>	_____	_____

## EMPLOYMENT EXPERIENCE

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List your last four (4) jobs, starting with your present or last job. Do not omit any jobs.

1) Employer: \_\_\_\_\_

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

Supervisor's Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Your salary: \_\_\_\_\_  
*Starting* *Ending*

Duties: \_\_\_\_\_

Employed from: \_\_\_\_\_ (mo/yr) to: \_\_\_\_\_ (mo/yr)

What did you (do you) like best about your job? \_\_\_\_\_

What did you (do you) like least about your job? \_\_\_\_\_

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

2) Employer: \_\_\_\_\_

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

Supervisor's Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Your salary: \_\_\_\_\_  
*Starting* *Ending*

Duties: \_\_\_\_\_

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Employed from: \_\_\_\_\_ (mo/yr) to: \_\_\_\_\_(mo/yr)

What did you (do you) like best about your job? \_\_\_\_\_

What did you (do you) like least about your job?\_\_\_\_\_

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

3) Employer: \_\_\_\_\_

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

Supervisor's Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Your salary: \_\_\_\_\_  
*Starting* *Ending*

Duties: \_\_\_\_\_

Employed from: \_\_\_\_\_ (mo/yr) to: \_\_\_\_\_(mo/yr)

What did you (do you) like best about your job? \_\_\_\_\_

What did you (do you) like least about your job?\_\_\_\_\_

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

4) Employer: \_\_\_\_\_

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

Supervisor's Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Your salary: \_\_\_\_\_  
*Starting* *Ending*

Duties: \_\_\_\_\_

Employed from: \_\_\_\_\_ (mo/yr) to: \_\_\_\_\_(mo/yr)

What did you (do you) like best about your job? \_\_\_\_\_

What did you (do you) like least about your job?\_\_\_\_\_

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

Please read the following statements carefully before signing this application. Only those applications that are signed and dated are considered valid. If you have any questions regarding this statement, please ask them before signing.

I certify that all answers and statements I have made on this application (and resume or other supplementary materials) are true and complete without omissions. I understand that any false information will be grounds for refusal to hire or for immediate discharge if I am employed. I authorize any of the persons or organizations named in this application to give you complete information and records regarding my employment, education, character, and qualifications.

( ) Yes ( ) No

I will be responsible for familiarizing myself with all rules and regulations of Harvest Homes, hereafter referred to as the “company” as they presently exist or are later modified. I recognize that my employment can be terminated, at the discretion of the Company or at my option, without notice, at any time, and without compensation except for time actually worked, provided that termination is not done for a discriminatory reason in violation of law.

( ) Yes ( ) No

No manager, supervisor or employee of Harvest Homes, Inc. will have any authority to enter into any agreement for employment for any specified period of time or to make any agreement for employment other than at-will.

*This application is valid for only (90) days from the date I signed. If I want to be considered for job openings after ninety (90) days from date signed, I will submit a new application.*

I have read, understand and agree with the above.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

This company is an equal employment opportunity employer. All applicants will be considered without regard to age, color, national origin, religion, sex, or other protected status in accordance with applicable federal state equal employment opportunity laws.

## Harvest Homes Statement of Availability

\_\_\_\_\_ I understand that Harvest Homes is a business that is in operations 24 hours a day, seven days a week.

\_\_\_\_\_ I understand that a reliable, dependable awake staff is required around the clock, including nights, week-ends, and holidays.

\_\_\_\_\_ I understand that the residents, the ones that make the job I am applying for, and thus, a paycheck available, require and deserve a caring staff sufficient enough to meet their daily needs.

\_\_\_\_\_ I understand that what I may be privileged to resident's personal information and will not discuss with others.

\_\_\_\_\_ I understand that if I am hired, my scheduled hours and/or shift may change as the staffing needs of Harvest Homes change.

\_\_\_\_\_ I understand that I may be required to work nights, weekends, and holidays.

\_\_\_\_\_ I am not available to work the following days/hours. I know that the following restrictions may prevent me from being hired.

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\_\_\_\_\_ (Signature)                      \_\_\_\_\_ (Printed Name)                      \_\_\_\_\_ (Date)

**RELEASE FORM**

**I have read and understand both sides of the Criminal History form.**

**I authorize SDSO to conduct a criminal history check on me.**

**I am providing complete and accurate information.**

**I authorize SDSO to release information to the authorized provider designee (APD) or authorized Division representative (ADR) list to Harvest Homes Inc.**

**I understand that submission of my social security number is voluntary (*READ*) instruction on back of the form.**

**I authorize Harvest Homes to contact any of my past employers.**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date Signed**