



Mature Environments, Inc.
Application for Employment

Name _____ Date ____/____/____

Position Desired _____

Days Available _____

Hours Available _____

(PLEASE FILL OUT ALL PAGES COMPLETELY)

This Corporation believes that all persons are entitled to equal employment opportunities and does not discriminate against employees or applicants for employment because of race, creed, color, national origin, age, sex, marital status, sexual orientation, citizenship status, or disability. Notwithstanding, an applicant and/or employee must satisfy the detailed job requirements for educational background, employment experience, skills, licenses and any other qualification standards that are job related and he/she must be able to perform those tasks that are essential to the job.

Our policy of nondiscrimination prevails throughout every aspect of the employment relationship, including recruitment, selection, placement, training, compensation, promotion, benefits, term conditions, transfers, layoff, recall and termination or any other aspect of employment.

The progress of our organization requires that we utilize the talents and contributions of qualified people to the fullest, without regard to race, creed, color, religion, sex, age, national origin or disability. To deny any individual's contributions to our corporate effort for any such extraneous reason is an injustice, not only to the individual, but to the Corporation and to the nation as well.

In compliance with federal law, all persons hired with be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification documents form upon hire.

AN EQUAL OPPORTUNITY EMPLOYER

APPLICATION FOR EMPLOYMENT

(TO BE COMPLETED BY ALL NEW HIRES)

Last Name _____ First Name _____ Middle _____

Address _____

City _____ State _____ Zip Code _____

Telephone Numbers: Cell (_____) _____

Email Address: _____

Social Security # _____ - _____ - _____

Have you ever applied for employment with us? Yes No

If yes, date _____ Position _____

Are you available for full time work? Yes No

Will you work overtime, if asked? Yes No

Will you work weekends and/or holidays? Yes No

Are you legally eligible for employment in the United States? Yes No

If no, please explain: _____

Are you of legal age to work? Yes No

Are you related to any employee past or present of
Mill Gardens? Yes No

If yes, please explain: _____

EDUCATION

SCHOOL	Name and Address of School	Course of Study	No. of Years Completed	Diploma or Degree
HIGH SCHOOL				
COLLEGE				
GRADUATE				
PROFESSIONAL				
OTHER (SPECIFY)				

WORK EXPERIENCE

START WITH YOUR PRESENT OR LAST JOB. INCLUDE ANY VOLUNTEER ACTIVITIES. YOU MAY EXCLUDE ORGANIZATIONS WHICH INDICATE RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, DISABILITIES OR OTHER PROTECTED STATUS.

EXPLAIN ANY GAPS IN EMPLOYMENT _____

EMPLOYER:	DATES EMPLOYED FROM	TO		
ADDRESS:	WORK PERFORMED:			
TELEPHONE:				
JOB TITLE:				
SUPERVISOR:				
REASON FOR LEAVING:	MAY WE CONTACT		() YES	() NO
EMPLOYER:	DATES EMPLOYED FROM	TO		
ADDRESS:	WORK PERFORMED:			
TELEPHONE:				
JOB TITLE:				
SUPERVISOR:				
REASON FOR LEAVING:	MAY WE CONTACT		() YES	() NO
EMPLOYER:	DATES EMPLOYED FROM	TO		
ADDRESS:	WORK PERFORMED:			
TELEPHONE:				
JOB TITLE:				
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EMPLOYER:	DATES EMPLOYED FROM	TO		
ADDRESS:	WORK PERFORMED:			
TELEPHONE:				
JOB TITLE:				
SUPERVISOR:				
REASON FOR LEAVING:	MAY WE CONTACT		() YES	() NO

Describe any specialized training, apprenticeship, and extra-curricular activities:

List professional, trade, business or civic activities and offices held:

(you may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status)

Specialized Skills (Equipment Operated)

Additional Information or Other Qualifications:

(summarize special job-related skills and qualifications acquired from employment or other experience)

Describe any job-related training received in the United States military:

State any additional information you feel may be helpful to us in considering your application:

PERSONAL REFERENCES (do not include family members or past supervisors)

	NAME	PHONE NUMBER	BEST TIME TO CALL	OCCUPATION
1)				
2)				
3)				

Are you currently engaged in the illegal use of drug? Yes No

Do you use any chemical substances that would in any way impair or limit your ability to perform the functions of your job with reasonable skill and safety? Yes No

Do you have any reason to believe that you would pose a risk to the safety or well-being to the residents of Mill Gardens? Yes No

Can you perform the job, as required? Yes No

Do you need an accommodation to perform the job, as required? Yes No

If you answered “yes” to any of the above questions, please explain:

List current licenses you now hold concerning the position for which you are applying:

<u>State</u>	<u>Type of License</u>	<u>Expiration Date</u>
_____	_____	_____
_____	_____	_____

I hereby certify that the above information as I have stated is true, correct and complete. If I am employed, any misstatement or omission of fact on this application may result in my dismissal.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

If the corporation decides to engage an investigative reporting agency to report on my personal history, I authorize the corporation to do so. If a report is obtained, the corporation must provide at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.

Read carefully before signing – IF YOU ARE HIRED, THE FOLLOWING BECOMES PART OF YOUR OFFICIAL EMPLOYMENT RECORD AND PERSONNEL FILE:

I AGREE THAT ANY CLAIM OR LAWSUIT RELATING TO MY SERVICE WITH MATURE ENVIRONMENTS, INC. d/b/a MILL GARDENS AT MIDLAND PARK MUST BE FILED NO MORE THAN SIX (6) MONTHS AFTER THE DATE OF THE EMPLOYMENT ACTION THAT IS THE SUBJECT OF THE CLAIM OR LAWSUIT. I WAIVE ANY STATUTE OF LIMITATIONS TO THE CONTRARY.

Print Name: _____

Applicant's Signature

Date