

An Equal Opportunity Employer

We consider application for all positions without regard to race, color, religion, gender, national origin, age, genetic information, marital or veteran status, or the presence of a disability which would not prevent the performance of essential job duties with or without reasonable accommodations.

Full Time Housekeeper

Part Time Housekeeper

Date of Application:

Last Name		First Name		Middle Name	
Address			City	State	Zip Code
Primary Telephone ()			Alternate Telephone ()		
Position(s) Applying For: <input type="checkbox"/> Cook <input type="checkbox"/> Care Partner (CNA/STNA, etc.) <input type="checkbox"/> Transportation <input type="checkbox"/> Dishwasher <input type="checkbox"/> Nurse (LPN/RN) <input type="checkbox"/> Front Desk <input type="checkbox"/> Server <input type="checkbox"/> Maintenance <input type="checkbox"/> Other* <input type="checkbox"/> Housekeeper <input type="checkbox"/> Community Relations			Referral Source: <input type="checkbox"/> Walk In <input type="checkbox"/> Advertising <input type="checkbox"/> Employment Agency <input type="checkbox"/> School* <input type="checkbox"/> Employee Referral* <input type="checkbox"/> Other* *Please specify: _____		
Can you perform the essential job functions of the positions(s) for which you are applying, with or without reasonable accommodation?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
The best time to contact you is:				<input type="checkbox"/> A. M.	<input type="checkbox"/> P. M.
If you are under 18 years of age, can you provide required proof of your eligibility to work?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been employed with a Senior Star Community? If so, when and where?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a family member/relative who is working or has worked at a Senior Star Community? If so, please give the relative or family member's name and work location.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently employed?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
May we contact your present employer?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you legally eligible to be employed in the United States? (Proof of identity and eligibility will be required upon employment.)				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date Available to Work			Desired Rate of Pay		
Shifts Available to Work <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> First Shift <input type="checkbox"/> Second Shift <input type="checkbox"/> Third Shift <input type="checkbox"/> Weekends					
Do you have a criminal record in any state based on child or dependent adult abuse? IF YES, PLEASE EXPLAIN:				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of a crime in any state? IF SO, PLEASE EXPLAIN:				<input type="checkbox"/> Yes	<input type="checkbox"/> No

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EDUCATION

	Name and Address of School	Course of Study	Years Completed	Diploma/Degree
Elementary School				
High School				
Undergraduate College				
Graduate College				
Professional or Technical Training				

EMPLOYMENT EXPERIENCE

(Please provide a history of at least ten years or the last three employers, whichever is greater.)

Start with your present or most recent job. Include any job-related military service assignments and/or volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or other protected status.

Employer		Dates Employed:	From / /	To / /
Address			Starting Wage/Salary	Final Wage/Salary
Telephone		Work Performed		
Position	Supervisor			
Reason for Leaving				
Employer		Dates Employed:	From / /	To / /
Address			Starting Wage/Salary	Final Wage/Salary
Telephone		Work Performed		
Position	Supervisor			
Reason for Leaving				
Employer		Dates Employed:	From / /	To / /
Address			Starting Wage/Salary	Final Wage/Salary
Telephone		Work Performed		
Position	Supervisor			
Reason for Leaving				

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ADDITIONAL INFORMATION

Other Qualifications: Summarize special job-related skills and/or qualifications acquired from employment or other experience.

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

PROFESSIONAL REFERENCES

(Personal references may be given if there is no employment history.)

Name	Address	Telephone
Name	Address	Telephone
Name	Address	Telephone

I certify that all answers given are true and complete. I understand that misrepresentation or omission of facts called for is cause of unfavorable consideration of my application or dismissal from Senior Star's employ. I authorize investigation of all statements contained in this application for employment as may be necessary in making an employment decision.

This employment application is not a contract at this time or in the future. If I am employed by Senior Star, I agree to accept and conform to its rules and regulations. I understand that my employment would be "at-will" and that my employment could be terminated by either party, with or without cause and with or without notice. It is further understood that this "at-will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive officer of Senior Star.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. Additionally, I understand that I am required to abide by all rules and regulations of Senior Star.

Signature of Applicant	Date
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Submit to Dublin Retirement Village:

Email to ESteberl@seniorstar.com or Fax to (614) 761-7504

Or Apply Online: <https://cutt.ly/drvhousekeeper>