

Successful Living Center, Inc.

"Bringing Generations Together"
1902 Bullard Street, Montgomery, AL 36106
Phone: 334-264-1790 / Fax 334-264 1792



Employment Application

PERSONAL INFORMATION

Full Name _____
(Last) _____ (First) _____ (Middle) _____

D.O.B.: _____ Social Security No.: _____ Driver License No.: _____

Home Address _____
(Street & No.) _____ (City/State/Zip Code) _____

Phone No(s) _____ (Home) _____ (Work) _____ (Cell) _____

E-mail: _____

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

Have you been convicted of or pleaded no contest to a felony (including sex-related or child abuse offenses within the last five years)? YES NO

If yes, please explain _____

JOB INTEREST

Position applying for _____ Full Time Part Time Temporary

Please indicate the hours you are AVAILABLE to work

<u>Hours From – To</u>	<u>Hours From – To</u>	<u>Hours From – To</u>
Mon _____	Wed _____	Fri _____
		Sat _____
Tues _____	Thurs _____	Sun _____

What date are you available to start working? _____

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EDUCATION

Name and Address of School(s)	Degree/ Diploma	Year of Graduation

Skill and Qualifications (including Training, Awards, Licenses and Certification):

EMPLOYMENT HISTORY

Are you currently employed? YES NO

If YES, may we contact your current employer? YES NO

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EMPLOYMENT RECORD

Please fill out the following carefully, begin with the present /or last and past employment positions, dating back five years. Please account for all periods of unemployment. **Even if you have attached a resume, this section must be completed.**

Name of Employer & Supervisor _____

Business Type _____ Position _____

Address _____ City/State/ Zip _____

Telephone No. _____ Email _____

Length of Employment (include dates) _____

Duties _____

Reason for Leaving _____

May we contact this employer for references? YES NO

Name of Employer & Supervisor _____

Business Type _____ Position _____

Address _____ City/State/ Zip _____

Telephone No. _____ Email _____

Length of Employment (include dates) _____

Duties _____

Reason for Leaving _____

May we contact this employer for references? YES NO

Name of Employer & Supervisor _____

Business Type _____ Position _____

Address _____ City/State/ Zip _____

Telephone No. _____ Email _____

Length of Employment (include dates) _____

Duties _____

Reason for Leaving _____

May we contact this employer for references? YES NO

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REFERENCES

List below **three professional / work references**

Name _____ Title _____

Address _____ City/State/ Zip _____

Telephone No. _____ Email _____

Name _____ Title _____

Address _____ City/State/ Zip _____

Telephone No. _____ Email _____

Name _____ Title _____

Address _____ City/State/ Zip _____

Telephone No. _____ Email _____

Please Read and Initial Each Paragraph, then Sign Below

I certify that I have not purposely withheld any information that might adversely affect my chances for hiring. I attest to the fact that the answers given by me are true and correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of material fact on this application or on any document used to secure can be grounds for rejection of application or, if I am employed by the company, terms for my immediate expulsion from the company.

I understand that if I am employed, my employment is not definite and can be terminated at any time either with or without prior notice, and by either the company or me.

I permit the company to examine my references, record of employment, education record, and any other information I have provided. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such examination or revelation.

Applicant's Signature _____ Date _____

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Employment Requirements

As part of the essential job duties at Successful Living Center, Inc., employees may be required to assist clients with activities of daily living, including safe transfers and mobility support. To ensure the safety and well-being of both clients and staff, please review and acknowledge the following requirements:

1. 1. Lifting Ability

Employees must be able to lift and carry a minimum of 5 pounds on a regular basis as part of their duties.

2. 2. Client Transfers

Employees may be required to assist clients with transfers, including but not limited to:

- Chair to chair transfers
- Chair to toilet transfers

Staff should follow proper safety procedures and use any assistive devices provided to prevent injury to clients and themselves.

Employee Acknowledgment

I have read and understand the physical requirements listed above. I acknowledge that I am able to perform these essential functions with or without reasonable accommodation.

Employee Name(Printed):

Employee Signature: _____ Date: _____

Supervisor Name (Printed):

Supervisor Signature: _____ Date: _____