

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

Work Experience: Please list your work experience for the past seven years beginning with your most recent job
If you were self-employed, give firm name. Attach additional sheets if necessary.

Name of employer: Address: City, State, Zip Code Phone number:	Name of last supervisor	Employment dates	Pay or Salary
		From-	Start
		To:	Final
	Last Job Title:		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer: Address: City, State, Zip Code Phone number:	Name of last supervisor	Employment dates	Pay or Salary
		From-	Start
		To:	Final
	Last Job Title:		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer: Address: City, State, Zip Code Phone number:	Name of last supervisor	Employment dates	Pay or Salary
		From-	Start
		To:	Final
	Last Job Title:		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

REFERENCES

PERSONAL (not a relative)

Name: Address: City, State, Zip: Phone Number: Relationship:
Comments: (OFFICE USE ONLY)

BUSINESS/PROFESSIONAL

Name: Address: City, State, Zip: Phone Number: Relationship:
Comments: (OFFICE USE ONLY)

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

As indication that you have read and understood each sentence, please write your initials in the spaces provided .

In exchange for the consideration of my job application by Peregrine’s Landing Senior Community, (hereinafter called “the Company”), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, ___ or to confer any right to remain an employee of the Company, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, ___ and that relationship cannot be altered except by a written instrument signed by the Owner/Managing Member of the Company . ___ Both the undersigned and the Company may end the employment relationship at any time without specified notice or reason. ___ If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits. ___

I authorize investigation of all statements contained in this application. ___ I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. ___ I hereby give the Company permission to contact schools, all previous employers (unless otherwise indicated), references and others and hereby release the Company from any liability as a result of such contact. ___

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics and mode of living ___ Upon written request from me, the Company will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act. ___

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days and further that at any time during the probationary period or thereafter, my employment relationship with the Company is terminable at will for any reason by either party. ___

Signature of applicant _____ **Date:** _____

Peregrine Health Management is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with Peregrine Health Management depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.