

Taylorville Care Center  
(a King Management, Inc. facility)  
600 S. Houston  
Taylorville, IL 62568

APPLICATION FOR EMPLOYMENT

All statements made by applicant for employment on this application form will be checked for accuracy. King Management, Inc. is committed to the provision of Equal Employment Opportunities to its applicants and employees regardless of race, color, religion, ancestry, age, sex, marital or veteran's status, national origin, citizenship, disability, or any other legally protected status.

**Please read carefully; answer all questions**

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

Home address: \_\_\_\_\_  
Street Apt. No. City State Zip

Home phone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Are you 18 years of age or older: \_\_\_\_\_ Yes \_\_\_\_\_ No

If under 18 years of age, can you, after employment, submit a work permit? \_\_\_\_\_ Yes \_\_\_\_\_ No

In case of an emergency, notify: \_\_\_\_\_  
Name Address Telephone

Do you have the legal right to work in the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No

If not, why \_\_\_\_\_

Position(s) applied for: \_\_\_\_\_

How soon can you report to work? \_\_\_\_\_

Type of Employment: \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Temporary

## Education Record

### High School

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Did you graduate? \_\_\_\_\_ Yes \_\_\_\_\_ No

### College/University

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Degrees or diplomas \_\_\_\_\_ Years attended \_\_\_\_\_

### Trade or Technical training

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Degrees or diplomas \_\_\_\_\_

### Graduate School

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Degrees or diplomas \_\_\_\_\_ Years attended \_\_\_\_\_

## Special Skills

Please provide any additional information such as special skills, training, management experience, equipment operation, or other qualifications, including military service, you think will be helpful to us in considering your application.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Employment History

Please provide employment history for the last 10 years. Begin with the most recent employer.

1. Employer name \_\_\_\_\_  
Dates of employment \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Ending Salary \_\_\_\_\_  
Title/duties \_\_\_\_\_  
Manager's name \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
May we contact this employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

2. Employer name \_\_\_\_\_  
 Dates of employment \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_ Ending Salary \_\_\_\_\_  
 Title/duties \_\_\_\_\_  
 Manager's name \_\_\_\_\_  
 Reason for leaving \_\_\_\_\_  
 May we contact this employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

3. Employer name \_\_\_\_\_  
 Dates of employment \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_ Ending Salary \_\_\_\_\_  
 Title/duties \_\_\_\_\_  
 Manager's name \_\_\_\_\_  
 Reason for leaving \_\_\_\_\_  
 May we contact this employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Personal Data**

Have you ever been convicted of or pleaded guilty of a felony, or, within the last five years, a misdemeanor (other than a parking violation)? You are not obligated to disclose sealed or expunged records of conviction. (A conviction will not necessarily bar you from employment.) The nature and circumstances of any conviction, how long ago it occurred, and other factors, including the relevancy of the conviction to the position for which you are applying, are all important in the employment consideration.

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, offense(s) \_\_\_\_\_ Date(s) \_\_\_\_\_ Judgment(s) Imposed \_\_\_\_\_  
 Name and location of the court(s) imposing the judgment(s) \_\_\_\_\_

Are you currently taking unlawful drugs? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you been previously employed by this association? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If yes, Date started: \_\_\_\_\_ Date ended: \_\_\_\_\_ Reason for departure: \_\_\_\_\_

Have you completed an application with this association before? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If yes, date last applied: \_\_\_\_\_

Are you employed now? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been bonded? Yes No

If yes, give reason and type: \_\_\_\_\_

Have you ever been refused a bond? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, state reason and date: \_\_\_\_\_

**Personal References**

(Do not list relatives or former employers)

<u>Name</u>	<u>Address</u>	<u>Telephone</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Job Applicant's Agreement and Certification**

(Please Read Carefully)

I understand and agree that, if hired, my employment is for no definite period and can be terminated at any time with or without notice, with or without cause by either myself or **King Management, Inc.** In the event that I am employed, I understand that regardless of the shift and job in which I am first employed, I may be required to accept a change of job or shift depending on my demonstrated skills after employment and the needs of the Company. I understand that I must meet the standards established by the Company for my job classification as a condition of initial and continued employment, which may be determined by a physical examination and/or a drug test. I understand also, that if employed, I am required to abide by all rules and regulations any authority to enter into any agreement for employment for any period of time, or to make any agreement contrary to the foregoing.

In addition, I understand and agree that this application shall be valid for a period of thirty (30) days. If I wish to be considered after thirty (30) days, I recognize that I must complete a new application for employment.

I grant permission to the Company to investigate my personal, educational, and work histories thoroughly. In addition, I authorize the Company to confirm all information that I have given in connection with my application for employment and to obtain information and/or a report from any state agency or any other entity which may include both general and personal information about me. I, furthermore, release the Company and its agents from liability for any acts or omissions occurred during either such investigation or confirmation, or both. I further release any one or more of individuals, organizations and their agents, educational institutions that I attended and their agents, or my former employers and their agents from any liability for any acts or omissions occurring in its or their responses to the Company's inquiries about me. This release specifically covers the employers and their agents and the educational institutions and their agents that I have identified in my responses to the inquiries made on this application form. I understand and agree that the Company may deny my application for employment or if it has already employed me, that the Company may terminate my employment because of information obtained during the Company's investigation or confirmation, or both, of my responses made on my employment application. Upon the termination of my employment with the Company regardless of when, how, or why my employment ends, and regardless of whether the Company or I terminate my employment, I authorize the Company to release information about my employment history with the Company and release the Company and all of its agents from any liability for the disclosure of information about my employment history to either governmental agencies or employers to whom I have applied for a job.

Certification and Authorization

I certify that I have given true and complete information in response to each category of information requested. I have also read, understood, and accepted the conditions of employment stated in this application. I further authorize the release of information as stated above. I recognize the Company's right either to revoke any employment offer or to terminate my employment if it ever finds any of my responses written on this application either to falsify or to omit, or both, any information.

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Name

Date