

APPLICATION FOR EMPLOYMENT

SILVERCREST PROPERTIES / SILVERCREST DINING SERVICES / SILVERCARE ARE AN EQUAL OPPORTUNITY EMPLOYER". APPLICANTS ARE CONSIDERED FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, OR THE PRESENCE OF A NON-JOB-RELATED MEDICAL CONDITION OR HANDICAP.

NAME (LAST) (FIRST) (MIDDLE)

HOME ADDRESS CITY STATE ZIP HOME PHONE

POSITION APPLIED FOR SALARY DESIRED DATE AVAILABLE

ARE YOU 18 OR OLDER? YES NO, IF NOT, AGE
 AVAILABILITY TOTAL HOURS AVAILABLE PER WEEK

HOURS AVAILABLE	M	T	W	TH	F	S	S
FROM							
TO							

ARE YOU LEGALLY ABLE TO WORK IN THE U.S.? YES NO

HOW DID YOU HEAR OF JOB?

DO YOU HAVE TRANSPORTATION TO WORK?

EMPLOYMENT RECORD	PLEASE LIST ALL EMPLOYMENT STARTING WITH MOST RECENT, ACCOUNT FOR ALL PERIODS (INCLUDING U.S. ARMED FORCES, PERIODS OF UNEMPLOYMENT AND VOLUNTARY SERVICES)	
LIST YOUR MOST RECENT POSITION HELD	MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO	
EMPLOYER'S NAME, ADDRESS & PHONE	DATES EMPLOYED	
	FROM	TO
	SALARY	
	FROM	TO
EMPLOYER'S NAME, ADDRESS & PHONE	DATES EMPLOYED	
	FROM	TO
	SALARY	
	FROM	TO
EMPLOYER'S NAME, ADDRESS & PHONE	DATES EMPLOYED	
	FROM	TO
	SALARY	
	FROM	TO
EMPLOYER'S NAME, ADDRESS & PHONE	DATES EMPLOYED	
	FROM	TO
	SALARY	
	FROM	TO

PERSONAL REFERENCES: OTHER THAN RELATIVES				
NAME	ADDRESS	PHONE	OCCUPATION	YEARS KNOWN

EDUCATION

HIGH SCHOOL _____ GRADE COMPLETED: 10 11 12 GRADUATED
 COLLEGE _____ FRESHMAN SOPHOMORE JUNIOR SENIOR
 OTHER _____ DEGREE RECEIVED _____
 ADDITIONAL INFORMATION _____

CRIMINAL CHECK: As a condition of employment, we require that you allow a criminal check of your background to be checked.

DRUG TESTING: Prior to employment and as a condition to employment, we require that you submit to a drug test at a qualified clinic for testing at our expense.

PLEASE READ BEFORE SIGNING:

"I certify that all statements made by me on this application are true and correct to the best of my knowledge and that I have withheld nothing which, if disclosed, would affect this application unfavorably. I authorize investigation of all statements contained in this application, and authorize the release by others of any information necessary to verify this information. I understand that this application will be current for only thirty (30) days, at the conclusion of which time if I still wish to be considered for employment, I will submit a new application.

I authorize my previous employers, schools or persons named as references to give any information regarding employment or educational record. I agree that this Company and my previous employers shall not be held liable in any respect if a job offer is not extended, is withdrawn, or my employment is terminated because of false statements, omissions, or answers made by me on this application, or given by any such references. In the event of my employment with this Company I will comply with all rules and regulations as set forth in any communication distributed to employees. Upon termination of any employment, I authorize the Company to disclose the Company's reason or understanding for my termination, unless I have requested in writing that no such disclosure be made, and I hereby waive and release any claims I may have as a result of the communication or disclosure of any information relating to my employment or its termination.

In compliance with the immigration Reform and Control Act of 1986, I understand that I will be required to provide approved documentation that verifies my right to work in the United States on my first day of employment. I am in receipt of a list of approved documents which have been supplied with this application.

I understand and agree that neither this application nor any other Company documents (now or in the future) are a contract of employment, and further, that if employed, my employment is terminable at will and can be terminated, with or without cause, and with or without notice, at any time. I further acknowledge that any offer of employment, or my acceptance of any such offer, may be withdrawn with or without cause and with or without prior notice at any time, by either the Company or me. I understand that no representative or supervisor of the Company, other than the President by acknowledgment in writing, has any authority to enter into any agreement, express or implied, for employment for any specific period of time or to make any agreement contrary to the foregoing, or to assure any specific benefits, terms or conditions of employment.

I agree that, if employed, the Company's liability to me for wages is limited to the amount earned by me as of the date of any termination. I also authorize the Company to deduct at any time any monies owed by me to the Company at the time of termination.

I understand that employment may be now or in the future, contingent upon meeting the physical requirements of the job and passing to the Company's satisfaction of physical examination, which may include a drug screen.

"I hereby acknowledge that I have read and understand the above acknowledgments."

Signed: _____

Dated: _____