

# Legacy Place Application for Employment

Please mail, fax or e-mail completed application to:

**Legacy Place**  
**220 Field Crossing Drive**  
**Highland, IL 62249**  
**Attention: Mae McNamee**

Fax: 618.882.6281 / mmcnamee@liveatlegacyplace.com

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## PERSONAL INFORMATION

Date: \_\_\_\_\_

Name: \_\_\_\_\_ SS Number: \_\_\_\_\_  
Last M.I. First

Present Address: \_\_\_\_\_  
Street City State Zip Code

Primary Phone Number: \_\_\_\_\_ Other Phone Number: \_\_\_\_\_

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## EMPLOYMENT DESIRED

Position: \_\_\_\_\_ Shift(s): (Please circle) 7a-3p | 3p-11p | 11p-9a | Floater | FT | PT | M-F | Weekends

Cook | Dining Room Aide | Housekeeping | Resident Assistant | Other: \_\_\_\_\_

Date you can start: \_\_\_\_\_ Salary Desired: \_\_\_\_\_ Are you employed now? \_\_\_\_\_ May we inquire there? \_\_\_\_\_

Have you ever applied for employment with Legacy Place? \_\_\_\_\_ If so, when? \_\_\_\_\_

EDUCATION	NAME AND LOCATION OF SCHOOL	# OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED/DEGREE(S)
Grammar School				
High School				
College				
Trade/Business Schools or Certifications				

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## GENERAL

Have you ever been convicted of a crime, including a sexual offense? \_\_\_\_\_

Subjects of special study or special skills: \_\_\_\_\_

**FORMER EMPLOYEES** (List below the last four employers beginning with **the most recent employer first**)

DATE MONTH AND YEAR	NAME/ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
From: To:				
From: To:				
From: To:				
From: To:				

Which of these jobs did you like best? \_\_\_\_\_

What did you like most about this job? \_\_\_\_\_

**REFERENCES:** Give the names of three persons not related to you, whom you have known at least one year.

NAME	PHONE NUMBER	HOW ARE YOU AQUANTIED	# OF YEARS
1.			
2.			
3.			

In case of an emergency please notify: \_\_\_\_\_  
Name Relationship

\_\_\_\_\_ Address Phone Number

“I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am in consideration of my employment may be terminated at any time. In consideration of my employment, I agree to conform to the company’s rules and regulations and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company’s option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company. I understand that no company representative, other than it’s president, and then only when in writing and signed by the president, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.”

\_\_\_\_\_ Date Signature

**OFFICE USE ONLY** Do not write below this line.

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Salary wage: \_\_\_\_\_ Availability: \_\_\_\_\_ Shift(s): \_\_\_\_\_

Appearance: \_\_\_\_\_ Experience: \_\_\_\_\_

Remarks: \_\_\_\_\_

T-Shirt Size: \_\_\_\_\_ Employee Initials: \_\_\_\_\_ Date: \_\_\_\_\_