



## **Employment Application Packet**

### *REQUIREMENTS*

1. Completion of the two-page application form, including references (even if duplicated on reference form).
2. Cover Letter/resume – optional but encouraged.
3. **FIVE** References (must use the attached form, per state requirements), as follows.
  - **Two** from previous or current employers or supervisors, or someone who is or has been in a position of authority (e.g., instructor or professor).
  - **Three** from friends or colleagues who are not related, whom you have known for at least one year.

**NOTE:** Out-of-state references are acceptable. At the bottom of the reference form is the fax number to which references can be sent, or the applicant can deliver the completed forms to Marlow Manor, 2030 Muldoon Road, Monday – Friday. 9a to 5p.

### **BENEFITS SUMMARY**

- 90-day probationary period then a review; payday every two weeks
- Paid mealtime includes a free meal in the dining room (one meal per shift)
- Benefits include medical insurance, vacation pay, holiday pay, sick pay, 401k after 12 months for full time employees.
- Employee Assistance Program (six free sessions per year).
- Funeral Leave – 4 days paid (immediate family member).

Supplement to Employment Application for  
Manor Management of Alaska, Inc.

PRE-EMPLOYMENT REQUIREMENTS (if hired)

Manor Management of Alaska, Inc, shall  
Conduct pre-employment drug screening as follows:

1. All offers of employment is contingent upon controlled substance test results.
2. Prior to being directed to a collection site for control substance testing, the applicant will be notified that the urine sample collected shall be assessed for the presence of controlled substances.
3. Failure to report to the collection site for testing shall result in immediate termination of employment consideration.
4. Manor Management of Alaska, Inc., will pay for pre-employment controlled substance testing.
5. Test must indicate negative controlled substance test result.
6. The applicant may request a re-test of the urine sample at his/her own expense. Re-test will be conducted at a site selected by Manor Management of Alaska, Inc.
7. There shall be no exceptions to pre-employment controlled substance testing requirements.

**A TB test and a background check will also be required.**

Marlow Manor Assisted Living Facility  
2030 Muldoon Road  
Anchorage, Ak 99504  
T: 907-338-8708  
F: 907-338-8627  
[www.marlowmanor.com](http://www.marlowmanor.com)

Manor Management of Alaska, Inc.  
**Marlow Manor Assisted Living Facility**  
2030 Muldoon Road  
Anchorage, AK 99504  
Tel: 907-338-8708 Fax: 907-338-8627  
*An Equal Opportunity Employer*

## APPLICATION FOR EMPLOYMENT

### Personal Information

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_ DATE: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE NO.: \_\_\_\_\_ ARE YOU 18 YEARS OR OLDER:  YES  NO

### Employment Desired:

Position Desired: \_\_\_\_\_ Date you can start: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ If yes, may we contact your employer? \_\_\_\_\_

Have you ever applied to this company? \_\_\_\_\_ Where? \_\_\_\_\_ When? \_\_\_\_\_

Education	Name and Location of School	Years Attended*	Did You Graduate*	Subjects Studied
High School				
College				
Trade Business or Correspondence School				

\*The Age Discrimination In Employment Act of 1967 prohibits discrimination based on age with respect to individuals who are at least forty but less than 70 years of age.

### GENERAL

Branch of Military Service \_\_\_\_\_ Year Retired \_\_\_\_\_

Present membership in Nation Guard/Reserve: Active:  Yes  No Retired:  Yes  No Year Ret.: \_\_\_\_\_

**FORMER EMPLOYER:** List last four employers starting with the last one first.

Mon/Year	Company Name	Position	Salary	Reason For Leaving
1)				
2)				
3)				
4)				

**REFERENCES:** Provide the names of three (3) individuals not related to you, whom you have known for at least one (1) year.

Name	Name of Business	Address	Years Known
1)			
2)			
3)			

**PHYSICAL RECORD**

Do you have any physical limitations that preclude you from performing any work for which you are being considered  Yes  No If, yes, what can be done to accommodate your limitations?

Please describe: \_\_\_\_\_

In case of Emergency notify: \_\_\_\_\_  
Name Relationship Telephone:

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that if employed, falsified statements on this application shall be grounds for dismissal.

I authorized Manor Management of Alaska, Inc., to do a drug and alcohol test and reserves the right to do a personal background check on all prospective new hires prior to employment. I authorized Manor Management of Alaska, Inc., to do a criminal background check.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of wages and salary, be terminated at any time without prior notice."

Signature: \_\_\_\_\_

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



## REFERENCE FOR ASSISTED LIVING HOME APPLICANT

This is a reference for \_\_\_\_\_ of \_\_\_\_\_,  
(NAME OF APPLICANT) (APPLICANT'S ADDRESS, CITY, STATE, ZIP)

I have known for \_\_\_\_\_ in the capacity of \_\_\_\_\_  
Year(s) Month(s) Choose one --- (Employer, Co-Worker, Friend) Not A RELATIVE

I know this person  Very Well  Casually  Not well enough to give a reference.

Please answer the following questions:

1. Does the applicant show any serious health, alcohol, or drug problems?  Yes  No  
If yes, please explain: \_\_\_\_\_

2. Can you attest to the good character, maturity, and sound judgement of the applicant?  Yes  No  
If no, please explain: \_\_\_\_\_

3. How would you assess the applicant's ability to provide good care to a disable or elderly adult?  
Check one:  Excellent  Good  Fair  Poor

4. List those qualities which you believe will enable the applicant to work successfully (or unsuccessfully) with the elderly: \_\_\_\_\_

5. If have an adult/parent in whom you are interested in transitioning into an assisted living home, how would you feel about the applicant taking care of him/her?

Very Enthusiastic  Somewhat Enthusiastic  Worried  Would not want him/her

Comments: \_\_\_\_\_

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

Print Name of Reference \_\_\_\_\_ Signature of Reference \_\_\_\_\_ Date \_\_\_\_\_ Area Code/Telephone \_\_\_\_\_

Address of Reference \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Return this form to the Assisted Living Home Applicant named above.



## REFERENCE FOR ASSISTED LIVING HOME APPLICANT

This is a reference for \_\_\_\_\_ of \_\_\_\_\_,  
(NAME OF APPLICANT) (APPLICANT'S ADDRESS, CITY, STATE, ZIP)

I have known for \_\_\_\_\_ in the capacity of \_\_\_\_\_  
Year(s) Month(s) Choose one --- (Employer, Co-Worker, Friend) Not A RELATIVE

I know this person  Very Well  Casually  Not well enough to give a reference.

Please answer the following questions:

1. Does the applicant show any serious health, alcohol, or drug problems?  Yes  No  
If yes, please explain: \_\_\_\_\_

2. Can you attest to the good character, maturity, and sound judgement of the applicant?  Yes  No  
If no, please explain: \_\_\_\_\_

3. How would you assess the applicant's ability to provide good care to a disable or elderly adult?  
Check one:  Excellent  Good  Fair  Poor

4. List those qualities which you believe will enable the applicant to work successfully (or unsuccessfully) with the elderly: \_\_\_\_\_

5. If have an adult/parent in whom you are interested in transitioning into an assisted living home, how would you feel about the applicant taking care of him/her?

Very Enthusiastic  Somewhat Enthusiastic  Worried  Would not want him/her

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_  
Print Name of Reference Signature of Reference Date Area Code/Telephone

\_\_\_\_\_  
Address of Reference City State Zip

Return this form to the Assisted Living Home Applicant named above.



## REFERENCE FOR ASSISTED LIVING HOME APPLICANT

This is a reference for \_\_\_\_\_ of \_\_\_\_\_,  
(NAME OF APPLICANT) (APPLICANT'S ADDRESS, CITY, STATE, ZIP)

I have known for \_\_\_\_\_ in the capacity of \_\_\_\_\_  
Year(s) Month(s) Choose one --- (Employer, Co-Worker, Friend) Not A RELATIVE

I know this person  Very Well  Casually  Not well enough to give a reference.

Please answer the following questions:

1. Does the applicant show any serious health, alcohol, or drug problems?  Yes  No  
If yes, please explain: \_\_\_\_\_

2. Can you attest to the good character, maturity, and sound judgement of the applicant?  Yes  No  
If no, please explain: \_\_\_\_\_

3. How would you assess the applicant's ability to provide good care to a disable or elderly adult?  
Check one:  Excellent  Good  Fair  Poor

4. List those qualities which you believe will enable the applicant to work successfully (or unsuccessfully) with the elderly: \_\_\_\_\_

5. If have an adult/parent in whom you are interested in transitioning into an assisted living home, how would you feel about the applicant taking care of him/her?

Very Enthusiastic  Somewhat Enthusiastic  Worried  Would not want him/her

Comments: \_\_\_\_\_

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

Print Name of Reference \_\_\_\_\_ Signature of Reference \_\_\_\_\_ Date \_\_\_\_\_ Area Code/Telephone \_\_\_\_\_

Address of Reference \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Return this form to the Assisted Living Home Applicant named above.



## REFERENCE FOR ASSISTED LIVING HOME APPLICANT

This is a reference for \_\_\_\_\_ of \_\_\_\_\_,  
(NAME OF APPLICANT) (APPLICANT'S ADDRESS, CITY, STATE, ZIP)

I have known for \_\_\_\_\_ in the capacity of \_\_\_\_\_  
Year(s) Month(s) Choose one --- (Employer, Co-Worker, Friend) Not A RELATIVE

I know this person  Very Well  Casually  Not well enough to give a reference.

Please answer the following questions:

1. Does the applicant show any serious health, alcohol, or drug problems?  Yes  No  
If yes, please explain: \_\_\_\_\_

2. Can you attest to the good character, maturity, and sound judgement of the applicant?  Yes  No  
If no, please explain: \_\_\_\_\_

3. How would you assess the applicant's ability to provide good care to a disable or elderly adult?  
Check one:  Excellent  Good  Fair  Poor

4. List those qualities which you believe will enable the applicant to work successfully (or unsuccessfully) with the elderly: \_\_\_\_\_

5. If have an adult/parent in whom you are interested in transitioning into an assisted living home, how would you feel about the applicant taking care of him/her?

Very Enthusiastic  Somewhat Enthusiastic  Worried  Would not want him/her

Comments: \_\_\_\_\_

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

Print Name of Reference \_\_\_\_\_ Signature of Reference \_\_\_\_\_ Date \_\_\_\_\_ Area Code/Telephone \_\_\_\_\_

Address of Reference \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Return this form to the Assisted Living Home Applicant named above.





## REFERENCE FOR ASSISTED LIVING HOME APPLICANT

This is a reference for \_\_\_\_\_ of \_\_\_\_\_,  
(NAME OF APPLICANT) (APPLICANT'S ADDRESS, CITY, STATE, ZIP)

I have known for \_\_\_\_\_ in the capacity of \_\_\_\_\_  
Year(s) Month(s) Choose one --- (Employer, Co-Worker, Friend) Not A RELATIVE

I know this person  Very Well  Casually  Not well enough to give a reference.

Please answer the following questions:

1. Does the applicant show any serious health, alcohol, or drug problems?  Yes  No  
If yes, please explain: \_\_\_\_\_

2. Can you attest to the good character, maturity, and sound judgement of the applicant?  Yes  No  
If no, please explain: \_\_\_\_\_

3. How would you assess the applicant's ability to provide good care to a disable or elderly adult?  
Check one:  Excellent  Good  Fair  Poor

4. List those qualities which you believe will enable the applicant to work successfully (or unsuccessfully) with the elderly: \_\_\_\_\_

5. If have an adult/parent in whom you are interested in transitioning into an assisted living home, how would you feel about the applicant taking care of him/her?

Very Enthusiastic  Somewhat Enthusiastic  Worried  Would not want him/her

Comments: \_\_\_\_\_

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

Print Name of Reference \_\_\_\_\_ Signature of Reference \_\_\_\_\_ Date \_\_\_\_\_ Area Code/Telephone \_\_\_\_\_

Address of Reference \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Return this form to the Assisted Living Home Applicant named above.