

Frontier Management, LLC is an equal opportunity employer and makes employment decisions on the basis of merit. We want to have the best available persons in every job. Frontier Management's Policy prohibits unlawful discrimination based on race, color, sex, religion, national origin, ancestry, a physical or mental impairment that substantially limits one or more major life activities, marital status, age or any other consideration made lawful by federal or local laws. All such discrimination is unlawful. **PLEASE PRINT CLEARLY AND COMPLETE ALL INFORMATION REQUESTED.**

**NAME AND ADDRESS**

Name \_\_\_\_\_  
 Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
 Current Address \_\_\_\_\_  
 Number \_\_\_\_\_ Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Home Telephone Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work (Or Message) Telephone Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Area Code \_\_\_\_\_ Number \_\_\_\_\_ Area Code \_\_\_\_\_ Number \_\_\_\_\_

**POSITION DESIRED**

What position are you applying for? \_\_\_\_\_  
 Salary Expectations \_\_\_\_\_

**WORK SCHEDULE**

What type of employment do you want? (Check one)  Full  Part Time  Temporary  Seasonal  
 Note: You are not required to indicate your schedule unavailability if due to religious practices before a job offer is made. If you have such an issue, after a job offer is made, please notify the Facility Manager or person who has made a job offer to you.  
 When could you start employment? Date \_\_\_\_\_  
 What hours or days are you available to work? \_\_\_\_\_  
 What hours or days are you not available to work? \_\_\_\_\_  
 Who referred you? \_\_\_\_\_

**EMPLOYMENT STATUS**

Are you currently employed?  Yes  No  
 If "yes" - how many jobs do you currently hold? \_\_\_\_\_  
 Is your intent to continue in your current job(s) if you work for Frontier Management, LLC?  Yes  No

**EMPLOYMENT HISTORY**

In the past 5 years how many different employers have you worked for? \_\_\_\_\_  
 Have you worked in this state for the past 5 years?  Yes  No If no, please list all other states you've worked in during the last 5 years: \_\_\_\_\_

**EMPLOYMENT RECORD**

List most recent employer, first. Include military service (not country of service), or any self-employed or unemployed periods. You must account for the past five (5) years or since completing school, whichever is shorter.

**PRESENT OR LAST EMPLOYER**

Company \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Telephone No. \_\_\_\_\_  
 Dates Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Last Salary: \_\_\_\_\_  
 Last Position Held \_\_\_\_\_  
 Last Supervisor's Name \_\_\_\_\_  
 Why Did You Leave? Be specific \_\_\_\_\_

**EMPLOYER**

Company \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Telephone No. \_\_\_\_\_  
 Dates Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Last Salary: \_\_\_\_\_  
 Last Position Held \_\_\_\_\_  
 Last Supervisor's Name \_\_\_\_\_  
 Be Specific: Why Did You Leave? \_\_\_\_\_

**EMPLOYER**

Company \_\_\_\_\_

Address \_\_\_\_\_  
 Telephone No. \_\_\_\_\_  
 Dates Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Last Salary: \_\_\_\_\_  
 Last Position Held \_\_\_\_\_  
 Last Supervisor's Name \_\_\_\_\_  
 Be Specific: Why Did You Leave? \_\_\_\_\_

**PERIODS OF UNEMPLOYMENT DURING THE PAST THREE (3) YEARS**

Please list specific dates: From: \_\_\_\_\_ From: \_\_\_\_\_ From: \_\_\_\_\_  
 To: \_\_\_\_\_ To: \_\_\_\_\_ To: \_\_\_\_\_

**EDUCATION AND TRAINING**

Last School Attended: Name \_\_\_\_\_ City \_\_\_\_\_  
 Do you have any other applicable kind of education/training?  Yes  No  
 If "yes" please describe: \_\_\_\_\_

**LICENSES**

Do you have any applicable professional licenses?  Yes  No  
 If "yes" what type and expiration date: \_\_\_\_\_

**BUSINESS MACHINES, IF APPLYING FOR AN OFFICE/CLERICAL POSITION:**

Check the business machines you can operate (indicate speed where requested)  Typewriter WPM \_\_\_\_\_  Word Processor WPM \_\_\_\_\_  
 Calculator  Computer  CRT  Data Processor  Shorthand WPM \_\_\_\_\_  
 Other? \_\_\_\_\_

**DRIVING INFORMATION, IF YOU WILL BE DRIVING FOR COMPANY PURPOSES:**

Do you have any driving restrictions?  Yes  No  
 Do you have a valid Driver's License?  Yes  No What driving infractions have you had during the last 5 years? \_\_\_\_\_  
 Do you have a Chauffeur's Driver's License?  Yes  No \_\_\_\_\_

**OTHER INFORMATION:**

Have you ever been known by a different name?  Yes  No  
 If "yes" please list the name(s)? \_\_\_\_\_  
 Please explain: \_\_\_\_\_  
 Have you been employed previously by Frontier Management, LLC?  Yes  No  
 If "yes" - location? \_\_\_\_\_  
 Dates of employment \_\_\_\_\_

**CRIMINAL HISTORY**

Have you ever been convicted\* of a crime, Felony, or a violation other than a minor traffic violation?  Yes  No  
 If "yes" - list all convictions, stating date, nature of offenses and where they occurred.\* \_\_\_\_\_

\*A conviction will not automatically disqualify you from employment

Are you legally eligible to work in the United States?  Yes  No  
 Can you perform the essential functions for the job applied for?  Yes  No

**PERSONAL REFERENCES**

(Give names of 2 persons, not relatives or former employers, who have known you for 5 years or more)	Name _____	Name _____
	Current Address _____	Current Address _____
	City/State/Zip _____	City/State/Zip _____
	Home Telephone Number _____ - _____	Home Telephone Number _____ - _____
	Number of Years Known _____	Number of Years Known _____

**REFERRAL INFORMATION**

HOW WERE YOU REFERRED TO FRONTIER MANAGEMENT, LLC?  NEWSPAPER  WALK-IN  EMPLOYEE REFERRAL  OTHER (EXPLAIN) \_\_\_\_\_

**CONDITIONS OF EMPLOYMENT**

Frontier Management, LLC sets high standards for its employees. Compliance with these standards is a Condition of Employment. You need to carefully consider these requirements before accepting a position with us. As an employee, you will be expected to comply in full to the following conditions and other conditions of employment set out in Frontier Management Employee Handbook, which you will receive if hired.

**CUSTOMER SERVICE**

- Treat residents with an exceptionally friendly attitude at all times and under all circumstances

**ATTENDANCE/PUNCTUALITY**

- Always report to work when scheduled and on time.
- Call the Community before your scheduled shift when unable to report to work as scheduled.

**PERSONAL APPEARANCE**

- Maintain a business-like, professional appearance (dress and grooming).
- Wear your community name badge at all times.

Would you be able to comply with all the requirements as listed?	<input type="checkbox"/> Yes	If "no", or you have concerns about being able to comply with any of these requirements, please explain: _____
	<input type="checkbox"/> No	

**ACKNOWLEDGEMENT AND AGREEMENTS**

ALL APPLICANTS - Please read the following and address any questions to the Frontier Management Representative before signing below:

I hereby affirm my answers to the foregoing questions are true and correct. I understand that misrepresentation of the facts will result in immediate dismissal. This Employment Application is used to notify me that the nature and scope of an investigation, if one is conducted, could include such general identification information as residence verification, and as applicable, information concerning my employment, education, general reputation, character, personal characteristics, and habits, and that such information may be developed through personal interviews with third parties such as family members, neighbors, friends, associates, former employers, financial sources, and custodians of official records. Only job-related information developed from such a report will be considered in evaluating my employment application or continued employment. I hereby authorize these persons, companies, organizations or corporations to answer all questions or release any information regarding the items listed in this paragraph. I hereby release them from any liability and hold them harmless from any claim for releasing any truthful information within their knowledge and/or record.

I authorize the Company to release to any person, firm, entity or organization with which I may seek employment in the future, any truthful information concerning my work experience with the Company. I hereby release and hold the Company harmless from any claim for releasing any truthful information within its knowledge and/or records.

I understand that satisfactory reports are a condition of my employment with Frontier Management, LLC. I further understand that my employment with Frontier Management, LLC will be terminated if management determines that said reports are unsatisfactory. I also acknowledge that from time to time Frontier Management, LLC may be required to submit certain information with regard to my employment or application for employment. I hereby release the Company, its agents, assigns and subsidiaries from any liability resulting from submitting such information.

I understand that my employment is at will and that I can be terminated at any time, with or without notice and with or without any reason. I understand that if I am employed, employment is not for a stated period. Either Frontier Management, LLC or I may discontinue the employment relationship at any time without cause or notice. Only the President of Frontier Management, LLC has the authority to enter into an agreement contrary to the foregoing, and then such agreement must be in writing and signed by President. No other practice, written or oral policy or statement by anyone, including for managers or any other management personnel can alter this employment relationship.

I acknowledge that Frontier Management, LLC may request either prior to and/or after employment that I undergo drug testing and may request, after an offer has been made, a medical exam. I consent and agree to any such exam, if required, now or in the future. I understand that when pre-employment drug testing is required, a satisfactory result is a condition of employment with Frontier Management, LLC.

I hereby certify that all statements and answers made on this Employment Application are complete and true. I understand that if subsequent to employment any of such statements and/or answers are found to be false or that information is omitted, such false statements or omissions will result in termination of my employment.

If Frontier Management LLC deems it necessary to obtain a criminal record check or drivers record on me, by signing this application I hereby authorize Frontier Management LLC to request my criminal history information and driver's record.

This application is current only for thirty (30) days, at the conclusion of which time, if you have not heard from us and still wish to be considered for employment, it will be necessary for you to fill out a new application.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_