



BROOKDALE SENIOR LIVING

APPLICATION FOR EMPLOYMENT

Last Name: _____

First Name: _____

Position Applying For: _____

Note to Applicants:

In addition to this Application for Employment, you will be invited to complete a Voluntary Self Identification Survey.

Those applicants applying in the state of Michigan will be asked to complete an additional application addendum.

Those applicants applying to an assisted living community in Indiana, Ohio and Pennsylvania will be asked to complete an additional assisted living application addendum.

Available upon request are Brookdale Senior Living Inc. policies on: Equal Employment Opportunity, Drug and Alcohol Testing and the Code of Business Conduct and Ethics.

The following are Brookdale Senior Living Companies: Brookdale Living Communities, Inc., Alterra Healthcare Corporation, American Retirement Corporation (ARC), Southland Suites, Southern Assisted Living Inc. (S.A.L.I.), Careage LLC (AEW), American Senior Living (Liberty), Wellington Place, Chancellor Healthcare, Sterling House Corporation and Merrill Gardens.

**Brookdale Senior Living Inc. is proud to be a drug free workplace.
In accordance with federal, state and local laws, Brookdale conducts
extensive pre employment criminal background and drug screenings.**

CONFIDENTIAL

Thank you for your interest in Brookdale Senior Living Inc. We appreciate you taking the time to provide us this important information. When completing this application, please use black or blue ink, and please print except for the signature at the end of the application. Brookdale Senior Living is an Equal Opportunity Employer.

Position Applying For:		Date:
Last Name:	First Name:	Middle Name:
Current Address:	City, State, Zip:	County:
Telephone: Home ()	Alternate ()	E-mail:
Are you under 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, can you provide proof of employment eligibility? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If hired, are you able to furnish proof that you are legally qualified to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have a valid drivers license? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, license number/issuing state:		
Have you ever applied to work at Brookdale Senior Living or a Brookdale Senior Living company in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide locations(s) and dates of employment:		
Have you ever worked at or provided services to Brookdale Senior Living or a Brookdale Senior Living company in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide location(s), positions(s) and dates of employment. Refer to cover page for a list of company names.		
Do you have any relatives now employed by Brookdale Senior Living? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state name(s), position(s) and employment location (Note: Brookdale Senior Living does not permit immediate family members to supervise another family member or to serve in a position where they would be required to audit the work of another family member):		
How did you find out about this employment opportunity at Brookdale Senior Living? <input type="checkbox"/> Current Associate (provide name): _____ <input type="checkbox"/> Tech School/College Placement <input type="checkbox"/> Temporary Agency (provide name): _____ <input type="checkbox"/> State Employment Service <input type="checkbox"/> Newspaper (provide name): _____ <input type="checkbox"/> Resident/Family Member (provide name below): <input type="checkbox"/> Internet/Web Site (provide site name): _____ <input type="checkbox"/> Other: _____		
Date available to begin work: _____	Type of employment desired:	<input type="checkbox"/> Full-time (32 hrs/week or more) <input type="checkbox"/> Part-time (Less than 32 hrs/week) <input type="checkbox"/> Temporary <input type="checkbox"/> PRN (as needed)
What shifts are you available? <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Overnight <input type="checkbox"/> Weekends <input type="checkbox"/> Holidays	Number of hours available per week: _____	Are you available for overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are there days or times when you are unable to work or prefer not to work? Please explain:		
Are you able to perform the functions of this job, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Note to Applicant: Smoking is prohibited in all indoor areas of Brookdale Senior Living unless designated smoking areas have been established by a particular office in accordance with applicable state and local laws.

INSTRUCTIONS FOR ANSWERING CRIMINAL CONVICTION INQUIRY

Brookdale Senior Living Inc. is proud to be a drug free workplace. In accordance with federal, state and local laws, Brookdale conducts extensive pre employment criminal background and drug screenings.

NOTE: Before answering the question regarding criminal convictions, please refer to the instructions below if you reside in or are applying for a position in California, Connecticut, Georgia, Massachusetts or Washington.

California Applicants: Do not identify convictions under California Health & Safety Code §§11357(b) or (c), 11360(b) (formerly subdivision (c) of section 11360), 11364, 11365 or 11550 related to marijuana offenses that occurred two (2) or more years before the instant application. Also, do not identify any conviction for which the record has been judicially ordered sealed, expunged or statutorily eradicated, or any misdemeanor conviction for which probation has been successfully completed or otherwise discharged and the case has been judicially dismissed.

Connecticut Applicants: Applicants are not required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased pursuant to section 46b-146, 54-76o or 54-142a of the Connecticut General Statutes. Criminal records subject to erasure under these sections are records pertaining to a finding of delinquency or the fact that a child was a member of a family with service needs, an adjudication as a youthful offender, a criminal charge that has been dismissed or nolle (not prosecuted), a criminal charge for which the person was found not guilty, or a conviction for which the offender received an absolute pardon. Any person whose criminal records have been erased pursuant to these sections is deemed to have never been arrested within the meaning of the law as it applies to the particular proceedings that have been erased, and may so swear under oath.

Georgia Applicants: Do not identify any conviction that is considered a "first offender discharge."

Massachusetts Applicants: An applicant for employment with a sealed record on file with the Commissioner of Probation may answer "no record" with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions. In addition, an applicant for employment may answer "no record" with respect to any inquiry relative to prior arrests, court appearances and adjudications in all cases of delinquency or as a child in need of services, which did not result in a complaint transferred to the superior court for criminal prosecution. Massachusetts applicants should not disclose information regarding first-time misdemeanor convictions for drunkenness, simple assault, speeding, minor traffic violations, affray or disturbance of the peace. Finally, Massachusetts applicants should not disclose convictions for other misdemeanors where the date of conviction or the end of any period of incarceration was more than five years ago unless there have been subsequent convictions within those five (5) years.

Washington Applicants: Do not identify any conviction that is more than 10-years-old at the time of making this application.

All Applicants: Please note that a "Yes" answer to any of the following questions will not necessarily disqualify you from employment. Factors such as the age and time of the offense, seriousness and nature of the violation, and rehabilitation will be considered when making any employment decisions.

NOTE: Before answering the following question regarding criminal convictions, please refer to the instructions above if you reside or are applying for a position in California, Connecticut, Georgia, Massachusetts or Washington.

Have you ever been convicted of a crime? Yes No

Please explain any "Yes" answer. If additional room is required for explanation, please use page 6 of the application.

Are you currently awaiting trial or sentencing for any criminal offense? Yes No

Please explain any "Yes" answer. If additional room is required for explanation, please use page 6 of the application.

Have you ever initiated an act of violence in the workplace? Yes No

Please explain any "Yes" answer. If additional room is required for explanation, please use page 6 of the application.

PLEASE NOTE: If additional room is required for explanation on pages 3-4, please use page 6 of the application.

EDUCATIONAL BACKGROUND

Name of School(s) and Location	Years Completed	Did you graduate?	Diploma/Degree & Major
High School/GED	9 10 11 12	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College/University	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College/University	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Highest degree earned (check only one box):
 High School/GED Associate Bachelor Masters Doctorate

PROFESSIONAL LICENSURES/CERTIFICATIONS Note: If you are hired for a position that requires state or national registration or certification, you must furnish Brookdale Senior Living with current proof of certification or registration.

License Type	Issuing State	License Number	Expiration Date

SKILLS/QUALIFICATIONS List unique job-related skills/qualifications acquired from current/previous employment or other experiences.

EMPLOYMENT HISTORY

Please specify your complete full-time and part-time employment history, including self-employment. Begin with your most recent employer. If you require additional space, please use page 6 of the application. **Do not complete this section with "refer to resume."**

All employers including your current employer may be contacted to verify the information you provide. May we contact your current employer prior to an offer of employment? Yes No

Employer Name, City, State:	Supervisor Name, Title, Phone:
Employed (mm/yy) From: _____ To: _____	Salary Starting: _____ End: _____
Position Title & Job Responsibilities:	
Reason for Leaving:	
Employer Name, City, State:	Supervisor Name, Title, Phone:
Employed (mm/yy) From: _____ To: _____	Salary Starting: _____ End: _____
Position Title & Job Responsibilities:	
Reason for Leaving:	

EMPLOYMENT HISTORY CONTINUED

Employer Name, City, State:	Supervisor Name, Title, Phone:
Employed (mm/yy) From: _____ To: _____	Salary Starting: _____ End: _____
Position Title & Job Responsibilities:	
Reason for Leaving:	
Employer Name, City, State:	Supervisor Name, Title, Phone:
Employed (mm/yy) From: _____ To: _____	Salary Starting: _____ End: _____
Position Title & Job Responsibilities:	
Reason for Leaving:	

Please explain any gaps in your employment history:

Have you ever been fired, discharged or asked to resign? Yes No If yes, please explain:

PROFESSIONAL REFERENCES Please list former supervisors qualified to give an opinion of your ability and experiences.

Name:	Position:	Relationship:
E-mail*:	Telephone:	Years Known:
Name:	Position:	Relationship:
E-mail*:	Telephone:	Years Known:
Name:	Position:	Relationship:
E-mail*:	Telephone:	Years Known:

*Required field

PERSONAL REFERENCES Please list personal references qualified to give an opinion of your ability and experiences.

Name:	Position:	Relationship:
E-mail*:	Telephone:	Years Known:
Name:	Position:	Relationship:
E-mail*:	Telephone:	Years Known:
Name:	Position:	Relationship:
E-mail*:	Telephone:	Years Known:

*Required field

Arizona Applicants: Arizona state regulations require that you provide four (4) references; two (2) professional and two (2) personal).

APPLICANT'S STATEMENT & ACKNOWLEDGEMENT

THIS APPLICATION IS NOT COMPLETE UNTIL IT IS FULLY COMPLETED, SIGNED AND ALL STATEMENTS BELOW HAVE BEEN READ AND INITIALED.

Initial: _____ I certify that all of the information furnished on this application and during the application process is true, complete and correct to the best of my knowledge. I understand that any misrepresentation or omission of facts called for may result in refusal to hire or, if hired, may result in my dismissal at any time regardless of when the false answer or omissions are discovered.

Initial: _____ I recognize that this employment application is not an offer of employment. I agree that if I am hired by the Company, **I will be an at-will associate**, meaning that either the Company or I may end the employment relationship at any time with or without cause or notice. I understand that only the chief executive officer or co-presidents of Brookdale Senior Living and no manager, supervisor, or representative of Brookdale Senior Living has authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the at-will employment relationship, and with respect to the chief executive officer and co-presidents, any such agreements must be in writing and are subject to approval by the Company's Board of Directors.

Initial: _____ I further understand and agree that, except for employment-at-will status, if hired my wages, hours, working conditions, job assignment(s) and compensation rate(s) will be subject to change by Brookdale Senior Living.

Initial: _____ I understand that if I am offered employment, I may be required to sign a non-solicitation and non-disclosure agreement, as a condition of the employment.

Initial: _____ I understand that Brookdale Senior Living may share the information contained in this application with other Brookdale Senior Living associates for employment and administrative purposes and hereby consent to such transfer.

Initial: _____ I hereby authorize Brookdale Senior Living to conduct any necessary investigation regarding my background as it relates to the position I am seeking and to the extent permitted by federal, state and local laws. I agree to complete the requisite authorization forms for the background investigation. I hereby release all parties from any liability in connection with the provision and use of such information.

Initial: _____ I agree to submit to legally permissible drug testing upon an offer of employment from Brookdale Senior Living and prior to starting work. I agree that any offer of employment is contingent upon my receiving a negative test result.

Initial: _____ I understand and expressly agree that if employed by Brookdale Senior Living, storage areas provided for me (locker, desk, etc.) are open to investigation by the Company without prior notice to me.

Initial: _____ I agree to undergo a pre-employment physical examination consistent with federal and state law.

Initial: _____ By executing and submitting this application, I certify that I am genuinely interested in working in the position(s) for which I have applied and am making this application for no other purpose.

Initial: _____ I understand that by signing this application, I agree that in the event a dispute should arise with regard to whether or not I am hired, or if hired, a dispute should arise between my employer and me, that I agree to arbitrate the dispute by a final binding arbitration. *The cost of the arbitration shall be paid for by the employer to the extent the costs are awarded by the arbitrator, and therefore, I may have to pay some of the costs. I agree to paying the portion the arbitrator requires.* The arbitration to which I am party to is governed by the employer's policy with regard to binding arbitration, and the employer has provided me with a copy of that policy.

Initial: _____ **MASSACHUSETTS Applicants:** I understand that it is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

Initial: _____ **MARYLAND Applicants:** I understand that under Maryland law, an employer may not require or demand, as a condition of employment, prospective employment or continued employment, that any individual submit to or take a lie detector or similar test. An employer who violates this law is guilty of a misdemeanor and subject to a fine not exceeding \$100.

My typed name below certifies that I agree to be bound by the terms and conditions stated in this application, which contains all the understandings between Brookdale Senior Living and me concerning the topics addressed herein, and supersedes any prior inconsistent understandings between Brookdale Senior Living and me on such issues.

DO NOT TYPE YOUR NAME UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

Applicant Name: _____ Date: _____

This application will only be considered for 30 days. If you have not been hired within 30 days of filling out this application and you wish to continue to be considered for employment, you must complete another application.

Page intentionally left blank for applicant use.



BROOKDALE SENIOR LIVING

OUR MISSION:

**Enriching the lives of those we serve
with compassion, respect, excellence and integrity.**

OUR CORNERSTONES:

Take **OWNERSHIP** and **PRIDE** in everything we do.

Recognize that **GOOD PEOPLE** make the difference
and are the key to our success.

WORK TOGETHER as one team.

Provide meaningful **REWARDS** for residents, associates
and shareholders.

Respect others through **HONESTY, UNDERSTANDING**
and **TRUST**.

Put the **RESIDENT FIRST** and the "bottom line" will take
care of itself.

Have **FUN** and **CELEBRATE** life every day.



**VOLUNTARY SELF IDENTIFICATION SURVEY
EQUAL EMPLOYMENT OPPORTUNITY**

Our company is an equal opportunity employer and does not discriminate in hiring or employment on the basis of race, color, religion, sex, national origin, age, disability, or any other basis prohibited by federal, state or local law. No question on this form is intended to secure information to be used for such discrimination.

Completion of this form is voluntary and in no way affects the decision regarding your employment opportunity. This form is confidential and will be maintained separate from your application form.

Applicant Name: _____ Date: _____

Position Applied For: _____

Sex: ___ Male ___ Female Marital Status: ___ Single ___ Married

Veteran Status: ___ Veteran: ___ Non-veteran

Race/Ethnicity:

___ **Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

___ **White (Not Hispanic or Latino)** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

___ **Black or African American (Not Hispanic or Latino)** – A person having origins in any of the black racial groups of Africa.

___ **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

___ **Asian (Not Hispanic or Latino)** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

___ **American Indian or Alaska Native (Not Hispanic or Latino)** – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

___ **Two or More Races (Not Hispanic or Latino)** – All persons who identify with more than one of the above five races.

Please identify where you learned about an employment opportunity with this Brookdale Senior Living.

- Newspaper Ad: _____
- Temporary Agency: _____
- Associate Referral: _____
- Other: _____

- Tech School/College Placement
- State Employment Service
- Recruiter

**INFORMATION FOR PROCESSING OF BACKGROUND SCREEN REPORTS ONLY
(to be used for no other purposes)**

NAME: First: _____ Middle: _____ Last: _____

LIST OTHER NAMES USED (INCLUDING MAIDEN): _____

Date of Birth: ____/____/____* Social Security #: _____-_____-_____

Driver's Licenses Number: _____ State of Issue: _____

Current Residence Address: _____
(Number and Street)

City State Zip Code

List all Residence Addresses in Past Seven Years (attach additional sheets if necessary)

ADDRESS CITY STATE ZIP

Please supply the following education information:

What was your name at the time of degree receipt? _____

Professional License Number: _____

Professional License Type: _____

Licensed in what State(s): _____

Please include a CLEAN COPY of your PROFESSIONAL LICENSE

SUBSTANCE ABUSE AND ALCOHOL TESTING
RELEASE AND CONSENT FORM

I hereby acknowledge receipt and review of the Drug and Alcohol Free Workplace Policy of Brookdale Senior Living Inc. (hereinafter, the "Company"), I hereby consent as follows:

1. I acknowledge and understand that my employment with the Company will require me to submit to screening for drugs and alcohol as outlined in the Company's Drug and Alcohol Free Workplace Policy and in accordance with any federal, state, or local regulations on drug and alcohol abuse.
2. I consent to the release by the laboratory or medical facility designated by Company of the results of the drug and alcohol test or tests to Company.
3. I hereby and forever release the Company and all its agents and associates of any of them, of and from any lawsuits, proceedings, claims or causes of action arising from the test or tests from any action or inaction of Company based on the results of the testing
4. I further agree to waive any physician patient privilege that may otherwise exist with respect to pre-employment substance abuse testing and understand that this information is to be kept confidential by the physician or Medical Review Officer and the Company.
5. I understand the meaning of this Release and Consent form, and I and/or my parents or legal guardian(s) have had the opportunity to raise any questions about it before signing it. My signature below is completely voluntary, without coercion or duress of any kind, and I am signing this release and consent solely as a condition for consideration of employment or continued employment.
6. My failure to comply with the terms and conditions of this Policy may be grounds for disciplinary action up to and including dismissal or denial of employment.

Date

Applicant/Associate Typed Name

Individuals under the age of 18 are considered minors and require consent from parent/guardian.

The undersigned parent(s) and/or guardian(s) of the applicant/associate hereby agree with the applicable statements in this Release and Consent form. By typing my name below, I/we fully provide consent on behalf of my/our minor child to submit to drug and/or alcohol testing pursuant to this Release and Consent form and Company policy.

Printed Parent or Guardian Name

Date