THE MADISON SENIOR LIVING COMMUNITY

APPLICATION FOR EMPLOYMENT

| | | An Equal Opportunity Emp | oloyer | | |
|--|-------------------|---|---------------------|---------------------------------------|--|
| | | Date of Ap | Date of Application | | |
| | | PERSONAL INFORMAT | | • — | |
| | | (Please Print) | | | |
| NAME | | | | | |
| (Last) | | (First) | | (Middle) | |
| ADDRESS | | | | | |
| ADDRESS | (Street) | (City) | (State) | (Zip) | |
| | , | · • • • • • • • • • • • • • • • • • • • | , , | . 17 | |
| TELEPHONE NO.: | HOME: (|) | CELL: (|) | |
| | | | | | |
| EMAIL ADDRESS: _ | ore of aga, son t | ou provide all required certific | ustas and/or narr | nita? Vas 🗆 No 🗖 | |
| ii you are under 18 ye | ars of age, can y | ou provide an required certific | ates and/or pern | ints? Tes 🗆 No 🗅 | |
| Have you ever been | convicted of a | ny misdemeanor or felony (t | his includes w | vithout limitation pleading | |
| • | | ng a judicial finding of guilt | | No No No No No No No No | |
| gainty, picacing no c | ontest, or navn | ng a judiciai finding of gant |). 103 — | 110 🗖 | |
| If ves where | for what and o | rive dates: | | | |
| ii yes, where, | Tor what, and g | | | | |
| | | | | | |
| | •11 | ., | 7 | | |
| (Conviction | | arily disqualify an applicant fr | | | |
| | nave been ex | punged, sealed by a court, or s | нанногну егиан | caiea.) | |
| Type of Position Appl | ving for: | | | | |
| -71 | J8 <u> </u> | (Describe) | | | |
| Full-Time □ Part-T | ime □ On-C | vall □ Wi | ll vou work over | rtime hours? Yes □ No □ | |
| | inic 🗖 On-C | wi | ii you work over | Tunic hours: Tes 🗖 140 🗖 | |
| Indicate days and time | es available to w | ork: | | | |
| Sunday Mo | onday Tue | esday Wednesday | Thursday | Friday Saturday | |
| () (|) (|) () (|) (|) () | |
| D (| | alia Niladia | 1.01.10./ | | |
| Preference: Day Shi | ift Evening | Shift Night Shift Pa | rtial Shift (speci | ty) | |
| Salary or rate of pay Desired? Date available to start work? | | | | | |
| Salary of face of pay L | csircu: | | ate available to | start work: | |
| Previously apply here: | ? Yes □ | No \square If Yes, give date(s): | | | |
| J 11 J | | , 5 | | | |
| Previously work here? | Yes □ | No \square If Yes, give date(s): | | | |
| | | | | | |
| Do you have a reliable | means of trans | portation to and from work? | Yes □ | No 🗆 | |
| Place list balow three | nrofessional re | ferences you have known for a | t laget one veer | | |
| i icase iist deldw tillee | professional fe | referees you have known for a | i ieasi one year. | | |
| Name and Occu | pation | Address | | Phone Number | |
| | T | | | | |
| | | | | | |
| | | | | | |

EDUCATIONAL BACKGROUND

| From: | Type of Schoo | 1 | Name an | nd Address | Course of Study | Did You | Graduate? | List Degree or Diploma | |
|--|--|------------------|---------|---------------|-----------------|----------------|-----------|------------------------|--|
| School Business School Business School Business School Business School Business School | | | | | | | | | |
| School Business or Trade | College | | | | | | | | |
| Date, Month, and Year Address, Phone No. Phone No. Phone No. Prom: | | | | | | | | | |
| Date, | | | | | | | | | |
| Date, Month, and Year Address, Phone No. Name, Address, Phone No. Phon | Other | | | | | | | | |
| Date, Month, and Year Address, Phone No. Name, Address, Phone No. Phon | WODE HISTORY (LIST MOST DECENT EMPLOYED EIDST) | | | | | | | | |
| Phone No. Phone | • | Pate, Employer's | | Supervisor' | Job Title and | Salary/ Hourly | | Reason for Leaving | |
| Quit | Year | | | | | Start | End | | |
| From: To: Co: Co: Co: Co: Co: Co: Co: Co: Co: C | | | | | | | | | |
| To: | То: | | | | | | | □ Lay off | |
| From: To: Discharge Lay off From: Discharge Discha | | | | | | | | | |
| To: | To: | | | | | | | • | |
| From: | From: | | | | | | | | |
| From: To: Discharge Lay off From: To: No Are you on layoff and subject to recall? Yes No If Yes, please indicate the name(s): Driver's License No.: State Exp. Date Exp. Date Lay off Rout Discharge Lay off No No State Exp. Date Lay off No Lay off Exp. Date | То: | | | | | | | \mathcal{E} | |
| From: To: Lay off Quit Discharge Lay off | | | | | | | | _ | |
| From: To: Quit Discharge Lay off Are you on layoff and subject to recall? Yes No Are you known to schools/references/employers by another name? Yes No If Yes, please indicate the name(s): | To: | | | | | | | • | |
| Are you on layoff and subject to recall? Yes \Boxedown No \Boxedown Are you known to schools/references/employers by another name? Yes \Boxedown No \Boxedown If Yes, please indicate the name(s): Driver's License No.: State Exp. Date List any special skills, training, licenses, or certifications you feel we should be aware of in considering your | From: | | | | | | | ☐ Quit | |
| Are you known to schools/references/employers by another name? Yes \(\scale \) No \(\scale \) If Yes, please indicate the name(s): | То: | | | | | | | C | |
| If Yes, please indicate the name(s): If applying for position that involves driving, please list the following: Driver's License No.: State Exp. Date List any special skills, training, licenses, or certifications you feel we should be aware of in considering your | Are you on layoff and subject to recall? Yes □ No □ | | | | | | | | |
| If applying for position that involves driving, please list the following: Driver's License No.: State Exp. Date List any special skills, training, licenses, or certifications you feel we should be aware of in considering your | Are you known to schools/references/employers by another name? Yes □ No □ | | | | | | | | |
| Driver's License No.: State Exp. Date List any special skills, training, licenses, or certifications you feel we should be aware of in considering your | If Yes, please indicate the name(s): | | | | | | | | |
| List any special skills, training, licenses, or certifications you feel we should be aware of in considering your | If applying for position that involves driving, please list the following: | | | | | | | | |
| | Driver's License No.: | | | State Exp. Da | | _ Exp. Da | te | | |
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APPLICANT STATEMENT

- 1. I hereby certify that all responses set forth during my employment application process are true and complete. I understand and agree that any falsification, misrepresentation, or omission either on the employment application form or in my responses to questions asked during the interviewing or examination process may disqualify me from further consideration for employment, or if employed by Madison Senior Living Community (the "Community"), will subject me to immediate termination, whenever the falsification, misrepresentation, or omission is discovered. In this regard, where an item is left blank on the employment application, it is because there is no information within its scope.
- 2. My signature authorizes the Community or its authorized agents to conduct a thorough investigation of all statements, written and oral, made by me during the employment application process, including without limitation, information concerning my employment positions, law enforcement record, driving record, and educational background. I hereby authorize all persons, companies or other entities connected with any such informational request, including without limitation, current or prior employers and law enforcement agencies to provide any and all information they may have regarding me or my employment. I release and agree to indemnify the Community, its authorized agents, and its employees, and all other persons, companies, and other entities from any and all liability arising out of such investigation, including without limitation, any liability for furnishing information or for taking any action based on the information provided.
- 3. I understand that a drug screen may be required before and during my employment. In addition, I authorize a medical examination, including a drug screen, by an examiner selected by the Community if I am made a contingent offer of employment. I release and agree to indemnify the Community, its authorized agents, and its employees, and all other persons, companies, and other entities from any and all liability arising out of any medical examination or drug screen or for the taking of any action based on the results of any medical examination or drug screen.
- 4. I agree and consent that the Community may inspect any of the Community's property at any time and for any reason, without notice. This property includes, without limitation, work stations, computers, offices, desks, lockers, voice mail, and filing cabinets. Additionally, I agree and consent that any personal items I bring onto the Community's premises are subject to inspection at any time and for any reason, without prior notice.
- 5. I can provide legally required documentation which shows that I have immediate authorization to work in the USA for any employer. If I fail to provide the required legal documentation within the required time period for Form I-9 completion, I will be terminated from my employment.
- 6. I understand and agree if I am employed by the Community, my employment is at-will so that I may terminate my employment at any time and for any or no reason. Likewise, the Community can terminate my employment at any time and for any or no reason. I also understand and agree that nothing contained in the Community's employment application or in the granting or conducting of an interview or anything set forth in any oral or written statement, communication, or policy now or in the future constitutes or creates or is intended to constitute or to create a contract or promise between me and the Community for employment, hours of work, or for the providing of benefits. Moreover, I acknowledge that the Community may modify, revoke, suspend, terminate, or change any or all of its plans, policies, or procedures at any time, without prior notice. No promises or guarantees regarding employment, hours of work, or for the providing of benefits have been made to me. I further understand and agree that no such promise or guarantee is binding on the Community unless it is confirmed in writing, signed by the Director of Administrative Services of Chancellor Senior Management, Ltd., and that document states that the employment relationship is not "at-will" and details the specific promise or guarantee.

| Thave read and understand the contents of this employment app | incation and am runy able and competent to complete it. |
|---|---|
| Applicant's Signature | Date |

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